



**ANNUAL REPORT  
ON THE HEALTH OF  
DONCASTER RURAL DISTRICT  
FOR THE YEAR  
1972**

**PUBLIC HEALTH DEPARTMENT,  
NETHER HALL,  
DONCASTER.**

**R. Stalker, M.B., Ch.B., D.P.H.  
Medical Officer of Health.**

**R. Durant, M.A.P.H.I.,  
Chief Public Health Inspector.**



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RURAL DISTRICT COUNCIL OF DONCASTER

To the Chairman, and Members  
of the Doncaster Rural District Council

Public Health Department,  
Nether Hall,  
Doncaster.

July 1973

Mr. Chairman, Ladies and Gentlemen,

It is once again my pleasure to present to you an annual report on the health of the inhabitants of the Doncaster rural district. It is my sixth report and may well be my last, though an attempt will be made to produce an annual report early in 1974 before re-organisation of local government takes place and so ensure that there are no gaps in the information contained in the report. The report is as usual presented alongside that of the Chief Public Health Inspector, who has dealt in some detail with the environmental problems that do exist in the district.

The year began with a rise in the incidence of influenza in the area, but this was fortunately mild giving rise to few complications. It was at this time the Divisional Health Department occupied new offices in the Arndale Centre which, though causing some upheaval, did not have an adverse effect on the services provided.

In February we had a strike of coal miners during which several acrimonious incidents took place in Doncaster and the surrounding countryside. The strike caused several power cuts with a shortage of fuel for heating, and this led to concern by the Health and Social Services Departments for the plight of the elderly and the hazard of hypothermia at this time of the year. Unlike the power cut in New York which led to a higher birth rate later, no noticeable rise in the birth rate locally was seen at the end of the year.

In March new attention was drawn to the higher numbers of abnormal babies born during the first three months of the year at Doncaster Maternity hospital but subsequent investigations discovered no cause for this and at the end of the year the figures did not reveal a higher incidence of foetal abnormalities during 1972.

In June, Mr. Vallance, the Divisional Administration Officer, retired and the district lost a dedicated and conscientious officer whose enthusiasm and concern for steady improvement of the health service to the community was an inspiration to us all. I personally wish him and his wife a deservedly long and happy retirement.

By August we had completed the attachment of all our Health Visitors to general medical practices in the district which, together with the attachment of District Nurses, help to make up the "Primary Care Team" lead by the general practitioner. The object of attachment of local authority staff is to foster a better working relationship and improved patient care in the community both from the preventive and curative aspects.

Towards the end of the year a new strain of influenza appeared in this country but fortunately the influenza vaccine given earlier to the staff did confer some immunity and protection. Again the disease itself was mild.

Throughout 1972 the staff of the Divisional and the Public Health Department felt the strain of the added work imposed on them by the re-organisation of local government and the National Health Service, which will take place simultaneously on 1st April 1974. Unfortunately, the National Health Service re-organisation preparations are not making the rapid progress necessary, due mainly to the delay by the Department of Health in producing the promised guidance on the many topics under discussion. It also appears that insufficient money will be available to provide suitable accommodation for area and district staff which will certainly make a difficult obstacle to surmount by the new area authority. Certainly the nineteen seventies will be a difficult but exciting period in the development of services to the public.

I would like to thank Mr. Vallance, his successor Mr. E.K. New, Miss Goldthorpe, and the staff of the Divisional Health Department for the hard work done throughout the year. I would also like to thank the staff of the Public Health Department, who form such a capable team under the able leadership of Mr. Durant.

Finally, I wish to thank you, Mr. Chairman, and the members of the Council, for the interest shown in the work of the Health Department, and for your consideration and encouragement.

Yours faithfully,

R. STALKER

Divisional Medical Officer

RURAL DISTRICT COUNCIL OF DONCASTER

YEAR 1972

Chairman of the Council

Cr. H.T. Birchall

Vice-Chairman of the Council

Cr. T.W. Scales

Chairman of the Public Health Committee

Cr. J. Dainty

Vice-Chairman of the Public Health Committee

Cr. H. Mann

Members of the Public Health Committee

Cr. E. L. Adams.	Cr. T. V. Lawson.
Cr. R. Ashton.	Cr. C. T. Ledger.
Cr. H. T. Birchall.	Cr. Rev. F. J. Mace.
Cr. Mrs. C. Bower, J. P.	Cr. H. Mann.
Cr. J. J. Boyle.	Cr. Mrs. P. Marklew, J. P.
Cr. Mrs. E. J. Bracewell.	Cr. K. G. Metcalfe, J. P.
Cr. T. S. Bradbury, J. P.	Cr. R. W. Millington, J. P.
Cr. Mrs. C. C. Braithwaite, J. P.	Cr. G. P. Moody.
Cr. J. Brown.	Cr. P. Moran.
Cr. G. T. Buckenham.	Cty. Ald. W. A. Morris.
Cr. E. H. Clark.	Cr. P. B. O'Grady.
Cr. P. Crocker.	Cr. H. E. Oldfield.
Cr. F. Cross.	Cr. H. Phillips.
Cr. J. Dainty.	Cr. Mrs. M. Pring.
Cr. J. H. Dixon.	Cr. Mrs. D. J. P. Riley.
Cr. P. A. G. Draper.	Cr. D. Robinson.
Cr. Mrs. M. A. Durdy.	Cr. E. L. Robinson.
Cr. G. Evans.	Cr. T. W. Scales.
Cr. R. W. Gillies, J. P.	Cr. H. Schofield.
Cr. W. R. Gillies.	Cr. Mrs. M. J. Shepherd.
Cr. D. Glover.	Cr. E. L. Simm.
Cr. R. V. C. Grainger.	Cr. Miss M. Sorby.
Cr. A. Grimson.	Cr. C. W. Starsmore.
Cr. Mrs. L. Hatter, J. P.	Cr. M. Thompson, B. E. M., J. P.
Cr. Mrs. M. R. Hemsley, J. P.	Cr. S. P. Thompson.
Cr. G. T. Henson.	Cr. L. Tomlinson.
Cr. J. L. Hope.	Cr. A. Weston.
Cr. L. Jones, J. P.	Cr. J. H. S. Wilkinson, J. P.
Cr. T. Kelly, B. E. M.	Cr. Mrs. N. Wilson, J. P.
Cr. E. Kirkland.	Cr. T. H. Windle.

Cty. Ald. J. Yorke.

## PUBLIC HEALTH STAFF

### Medical Officer of Health

R. STALKER, M.B., Ch.B., M.F.C.M., D.P.H.

### Deputy Medical Officer of Health

J.A. BEAL, M.R.C.S., L.R.C.P., D.P.H.

### Chief Public Health Inspector

R. DURANT, M.A.P.H.I.

Royal Society of Health Meat and Food Inspector's Certificate.  
Royal Society of Health Diploma for Smoke Inspectors.  
Royal Society of Health Certificate in Sanitary Science.  
National Certificate in Building.

### Deputy Chief Public Health Inspector

G.W. KAY, M.A.P.H.I., A.M.Inst.P.C.

National Certificate in Building.  
Royal Society of Health Meat and Food Inspector's Certificate.  
Royal Society of Health Diploma for Smoke Inspectors.  
Testamur of the Institute of Public Cleansing in Public Cleansing Science.

### Additional Public Health Inspectors

G. STEPHENSON, M.A.P.H.I. (retired April 1972)

National Certificate in Building.  
Royal Society of Health Diploma for Smoke Inspectors.

W.E. STONE, M.A.P.H.I.

National Certificate in Building.  
Royal Society of Health Meat and Food Inspector's Certificate.

P.A. GUMSLEY, M.A.P.H.I., A.M.Inst.P.C.

National Certificate in Building.  
Royal Society of Health Meat and Food Inspector's Certificate.  
Royal Society of Health Diploma for Smoke Inspectors.  
Testamur of the Institute of Public Cleansing in Public Cleansing Science.

K. KELLY, M.A.P.H.I., A.M.Inst.P.C.

National Certificate in Building.  
Royal Society of Health Meat and Food Inspector's Certificate.  
Royal Society of Health Diploma for Smoke Inspectors.  
Testamur of the Institute of Public Cleansing in Public Cleansing Science.

D. TELFORD, M.A.P.H.I., A.M.Inst.P.C.

Royal Society of Health Diploma for Smoke Inspectors.  
Testamur of the Institute of Public Cleansing in Public Cleansing  
Science.

M. BRADLEY, M.A.P.H.I.

Honours Degree in Environmental Health.  
Diploma in Air Pollution Control.

Chief Clerks

J.A. HICKLING (General)

G.W. CHESTERTON (Cleansing)

Secretary/Typist

MISS J. STAPLES.

Clerk/Typist

MISS M.E. HUNTER.

Clerks

MRS. A. BUCKLEY.

MRS. J. PATERSON.

MISS G. BENNETT (left Council employment December 1972)

MISS B.A. MOSS.

Public Cleansing Foreman

G. BUCKLEY.

Transport Clerk

J.P. PERCIVAL.

Student Public Health Inspectors

J.T. MEE.

MISS H.M. EASTHILL (commenced September 1972)

Technical Assistants

W. FREEMAN (left Council employment August 1972)

W. DEGVILLE-HAYES (commenced May 1972)

A.J. MARKHAM (commenced September 1972)

D. NEWMAN (commenced September 1972)

DIVISIONAL HEALTH STAFF

Divisional Medical Officer

DR. R. STALKER

Senior Departmental Medical Officer

DR. J. A. BEAL

Departmental Medical Officers

DR. E. R. M. HARVEY

DR. K. HOOLE

Psychiatrist

DR. S. HOYES

Psychologists

MR. P. W. ATKINSON

MR. P. PHILLIPS

Clerk

MRS. B. BURKINSHAW

Divisional Nursing Officer

MISS D. M. E. GOLDTHORPE

First Line Managers

MRS. I. E. MILNES (Health Visiting)

MRS. J. HAIGH (Health Visiting)

MRS. M. COLE (Home Nursing)

MISS H. W. BAMBER (Midwifery)

Health Visitors

MISS E. KENDELL)

MRS. C. BANKHEAD)

MRS. M. HOPKINSON

MISS A. MEEK

MRS. C. PARRY

MISS M. MUSTY

MRS. A. F. CLAMP

MRS. R. E. MC. CROHAN

MRS. I. GYMER

MRS. B. STAFFORD

MISS D. FULLWOOD

MISS J. V. WARD

MISS L. M. ASHTON

MRS. C. A. HINTON

ARMTHORPE

BRODSWORTH AND SCAWSBY

TICKHILL

BAWTRY

SPROTBROUGH

ROSSINGTON

FINNINGLEY (part-time)

ROSSINGTON (part-time)

KIRK SANDALL

ASKERN

CAMPSALL

EDLINGTON

EDLINGTON



### Assistant to Health Visitors

MRS. B. MC.CORMACK	ARMTHORPE (part-time)
MRS. M. GREEN	SCAWSBY
MRS. R. B. CLAXTON	SCHOOL NURSE (part-time)
MRS. L. WHEELIKER	EDLINGTON
MRS. J. MEESON	EDLINGTON (part-time)
MRS. E. TOPHAM	ROSSINGTON
MRS. A. POTTS	KIRK SANDALL (part-time)
MRS. J. HALL	BAWTRY (part-time)

### Midwives

#### Relief

MISS W. GOODSON, 34 Hawthorn Grove, Bentley (Tel. Doncaster 54455)  
MRS. A. LOFTAS, 60 Jossey Lane, Scawthorpe (Tel. Doncaster 4251)

### Domiciliary Midwives

Mrs. J. Andrews, 43 Sherwood Avenue, Askern (Tel. Doncaster 700429)  
Mrs. D. Squires, 11 Locksley Avenue, Conisbrough (Tel. Conisbrough 3455)  
Mrs. M. Criddle, 74 Briar Road, Armthorpe (Tel. Armthorpe 630)  
Mrs. J.M. Atkin, 9 Browning Road, Barnby Dun (Tel. Doncaster 882507)  
Mrs. V. Outram, Sandall House, Barton Lane, Armthorpe (Tel. Armthorpe 645)  
Miss F. Wilkinson, 1 Park Drive, Campsall (Tel. Doncaster 700340)  
Mrs. G.M. Secker, Pear Tree Cottage, Old Brodsworth (Tel. Adwick 3628)  
Mrs. B.F. Wright, 25 Hall Street, Barnburgh (Tel. Goldthorpe 2150)

### Home Nurses

Mrs. D. Sedgwick, "Que Sera Sera", Hillscroft Crescent, Blaxton  
(Tel. Finningley 398)  
Mrs. L.M. Corkill, 10 Windmill Drive, Wadworth (Doncaster 852591)  
Mrs. M. Darley, 9 Lunbreck Road, Warmsworth (Tel. Doncaster 853188)  
Mrs. V.G.A. King, 88 Norman Crescent, Sunnyfields (Tel. Doncaster 67835)  
Mrs. D. Gilbert, 7 Parkwood Rise, Armthorpe Lane, Barnby Dun  
(Tel. Doncaster 882314)  
Mrs. D.E. Robson, 41 Mill Street, Armthorpe (Tel. Armthorpe 225)  
Mrs. D. Pyle, 18 Oversley Road, Wheatley (Tel. Doncaster 3687)  
Mrs. J. Birchall, 18 Kirkstall Close, Scawsby (Tel. Doncaster 68913)  
Mrs. B. Watkinson, Oak Dene, Doncaster Road, Askern (Tel. Doncaster 700274)  
Mrs. J. Hinchliffe, 53 Hampole Balk Lane, Skellow (Tel. Adwick 3475)

### Reliefs

Mrs. S. Downs, 25 Wroxham Way, Scawsby (Tel. Doncaster 61820)  
Mrs. R. Larsen, 37 Holmes Carr Road, Rossington (Tel. Rossington 8866)  
Mrs. L. Notley, 18 Grange Lane, Burghwallis (Tel. Adwick 2336)

### Social Worker at Child Guidance Clinic

MRS. M. WILLOWS.

### Speech Therapists

MISS M.E. BROMLEY (part-time)  
MRS. W.M. DEELEY (part-time)

Divisional Administrative Officer

MR. C.W. VALLANCE (to June 1972)

MR. E.K. NEW (from 10th July 1972)

Senior Clerk

MR. M.L. AUSTIN.

Clerks

MR. D. HUDSON

MR. D. GILBERTHORPE

MRS. E. STEVENSON

MRS. E. BAYES

MISS H. CHERRY

MRS. O. WHEATLEY

MRS. M. PENNYCOOK

MISS C. BROOKS

MISS S. CAWTHORNE

MRS. E. DUTHIE

RURAL DISTRICT COUNCIL OF DONCASTER

ANNUAL REPORT  
ON THE  
HEALTH OF THE DISTRICT

1972

Section A

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area	75, 086 acres
Registrar General's Estimate of Resident Population Mid-year 1972	82, 530
Number of inhabited houses	26, 937
Rateable value (21 December 1972)	£6, 869, 451
Sum represented by a 1p rate	£63, 547
Height above sea level:	Highest 490 ft.
	Lowest 6 ft.

## SECTION A

### EXTRACT FROM VITAL STATISTICS (Corrected for Inward and Outward Returns)

#### BIRTHS

	<u>Live Births</u>	<u>1972</u>	<u>1971</u>
Total Number		1496	1536
Birth Rate per 1,000 population		18.1	18.9
Birth Rate per 1,000 population (corrected)		16.8	16.6
Birth Rate for England and Wales		14.8	16.0
Percentage illegitimate live births per total live births		7.0	5.0
Percentage illegitimate live births per total live births for England and Wales		9.0	8.0

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Legitimate	701	696	1397
Illegitimate	53	46	99

	<u>Still Births</u>	<u>1972</u>	<u>1971</u>
Total number		20	18
Rate per 1,000 total live and still births		13.0	12.0
Rate for England and Wales		12.0	12.0

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Legitimate	10	9	19
Illegitimate	-	1	1

	<u>Total Live and Still Births</u>	<u>1972</u>	<u>1971</u>
Total Births (Live and Still)		1516	1554

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Legitimate	711	705	1416
Illegitimate	53	47	100

#### INFANTILE MORTALITY

The Infantile Mortality Rate is the number of deaths of infants under one year of age per 1,000 registered births.

	<u>1972</u>	<u>1971</u>
Number of Deaths	28	38
Death Rate of all infants per 1,000 live births	19	25
Death Rate of legitimate infants per 1,000 legitimate live births	19	24

		<u>1972</u>	<u>1971</u>
Death Rate of illegitimate infants per 1,000 illegitimate live births		20.0	38.0
Death Rate for England and Wales		21.0	18.0
	<u>Males</u>	<u>Females</u>	<u>Total</u>
Legitimate	17	9	26
Illegitimate	1	1	2

#### NEO-NATAL MORTALITY

The Neo-Natal Mortality Rate is the number of deaths of infants under four weeks of age per 1,000 total live births.

	<u>1972</u>	<u>1971</u>
Number of Deaths	21	25
Death Rate per 1,000 total live births	14.0	16.0
Death Rate for England and Wales	12.0	12.0

#### EARLY NEO-NATAL MORTALITY

The Early Neo-Natal Mortality Rate is the number of deaths of infants under one week of age per 1,000 total live births.

	<u>1972</u>	<u>1971</u>
Number of Deaths	17	22
Death Rate per 1,000 total live births	11.0	14.0
Death Rate per 1,000 total live births for England and Wales	10.0	10.0

#### PERINATAL MORTALITY RATE

The Perinatal Mortality Rate is the number of Still births and deaths under 1 week combined, per 1,000 total live and still births.

	<u>1972</u>	<u>1971</u>
Number of Deaths	37	40
Death Rate per 1,000 total live and still births	24.0	26.0
Death Rate per 1,000 total live and still births for England and Wales	22.0	22.0

#### MATERNAL DEATHS

	<u>1972</u>	<u>1971</u>
Maternal Deaths (including abortions)	-	-
Death Rate per 1,000 total live and still births	-	-

Once again I am pleased to report that there were no maternal deaths during the year and though the number of births fell in 1972 for the first time for several years the birth rate corrected for the structure of the population rose very slightly.

Apart from the stillbirth rate which rose from 12 to 13 per 1,000 the other rates for infant deaths fell to much nearer the national figures though they remained above the latter.

A cause for concern has been the high perinatal mortality rate in South Yorkshire and at the beginning of 1973 a survey was started under the control of the Maternity Liaison Committee in two parts of the district to investigate three causative factors of Perinatal Mortality. The survey is being carried out by domiciliary midwives and the hospital, with the co-operation of the general practitioners and paediatricians. At the present time we are hoping to computerise these results and extract useful information which will guide in further investigations. The full results will not be available until the end of 1974, when the Area Medical Officer or Community Physician will have the task of instigating any further surveys.

#### BIRTH AND MORTALITY RATE - 1972

Rates	Doncaster Rural District	Aggregate West Riding Rural Districts	West Riding	England and Wales
Crude Birth per 1,000 population	18.1	15.7	15.4	14.8
Adjusted Birth, do.	16.8	15.6	15.5	14.8
Crude Death, do.	8.8	10.5	12.1	12.1
Adjusted Death, do.	12.8	12.2	12.9	12.1
Tuberculosis, do. respiratory	-	0.02	0.02	0.02
Tuberculosis, do. other	0.01	0.01	0.01	0.01
Tuberculosis, do. total	0.01	0.03	0.02	*
Cancer, all forms do.	1.51	1.90	2.23	2.43
Vascular lesions, do. nervous system	1.15	1.56	1.79	*
Heart and do. circulation	3.15	3.92	4.67	*
Respiratory do. disease	1.59	1.55	1.73	*
Maternal mortality (per 1,000 live and still births)	-	-	0.04	0.15
Infant mortality (per 1,000 live births)	18.7	18.8	17.6	17.2
Still births (per 1,000 live and still births)	13.2	11.5	12.2	12.0
Neo-natal mortality	14.0	12.7	11.8	11.5
Peri-natal mortality	24.4	21.9	22.5	21.7

\* Figures not available

The figures in the above table compare quite favourably with other rural districts in the West Riding and the West Riding County as a whole, except for the last two figures.

## DEATHS

	<u>1972</u>	<u>1971</u>
Total number	723	677
Death Rate per 1, 000 population (crude)	8.8	8.4
Death Rate per 1, 000 population (corrected)	12.8	12.2
Death Rate for England and Wales	12.1	11.6

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Deaths	424	299	723

The number of deaths rose from the previous year but there was only a small rise in the rate which remains a little above the national rate.

### DEATHS FROM ROAD ACCIDENTS AND OTHER VIOLENT CAUSES

There were 13 fatal road traffic accidents in the area, six suicides, and 18 people lost their lives through other accidents.

There was an increase in the number of accidental deaths and despite publicity road accidents continue at a high level, frequently ending the lives of young adults. Research continues into the cause of accidents but the present government have reduced the monies available for road improvement and have adopted the policy of restricting traffic in the cities and towns. As speed is the main cause of death on the roads this policy would seem to have little effect on road deaths.

### DEATHS FROM TUBERCULOSIS

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Respiratory	-	-	-
Non-respiratory	<u>-</u>	<u>1</u>	<u>1</u>
	<u>-</u>	<u>1</u>	<u>1</u>

## DEATHS

Once again the leader in the league table of causes of death was ischaemic heart disease or coronary thrombosis, which is two and a half times commoner in men than women. Even young men in the 30's are prone to this, but despite the greater awareness of this problem and better methods of care the deaths continue to rise. It could be described as today's most dangerous epidemic and it would appear that active preventive measures offer the best chance of a reduction in this cause of death, particularly in middle aged men. Lack of exercise, obesity and tobacco smoking are all factors which need to be tackled urgently.

It is disappointing to see a rise in deaths from cancer of the breast and no change in the deaths from cancer of the uterus in women. These two cancers can be cured if treated early and the cervical smear clinics throughout the district should be attended by all women over 35 years. Increasing awareness of women of the early signs of these cancers ought to help to reduce the death rate.

	<u>1972</u>	<u>Compared with</u>	
		<u>1971</u>	<u>1970</u>
Diseases of the heart and circulation (including vascular lesions of the nervous system)	355	324	282
Cancer (including leukaemia)	125	139	139
Pneumonia, bronchitis and influenza etc.	131	102	105

The deaths from these causes were 84.5 per cent of the total.

#### POPULATION

The Registrar General estimated the population of the district to be 82,530 which is 2,470 more than 1971.



CAUSES OF DEATH - 1972

REGISTRAR GENERAL'S RETURN

No.	Causes of death	Males	Females
	ALL CAUSES	424	299
1.	Other tuberculosis	-	1
2.	Other infective and parasitic diseases	1	-
3.	Malignant neoplasm, buccal cavity etc.	3	-
4.	Malignant neoplasm, oesophagus	2	-
5.	Malignant neoplasm, stomach	7	4
6.	Malignant neoplasm, intestine	8	6
7.	Malignant neoplasm, larynx	1	-
8.	Malignant neoplasm, lung, bronchus	27	5
9.	Malignant neoplasm, breast	-	16
10.	Malignant neoplasm, uterus		6
11.	Malignant neoplasm, prostate	6	
12.	Leukaemia	3	-
13.	Other malignant neoplasms	14	17
14.	Benign and unspecified neoplasms	-	1
15.	Diabetes mellitus	2	3
16.	Other endocrine etc. diseases	2	1
17.	Anaemias	2	-
18.	Other diseases of nervous system	2	3
19.	Chronic rheumatic heart disease	4	5
20.	Hypertensive disease	3	11
21.	Ischaemic heart disease	121	51
22.	Other forms of heart disease	6	12
23.	Cerebrovascular disease	46	49
24.	Other diseases of circulatory system	20	27
25.	Influenza	1	-
26.	Pneumonia	33	18
27.	Bronchitis and emphysema	47	12
28.	Asthma	2	2
29.	Other diseases of respiratory system	11	5
30.	Peptic ulcer	5	1
31.	Intestinal obstruction and hernia	-	3
32.	Cirrhosis of liver	1	-
33.	Other diseases of digestive system	1	7
34.	Nephritis and nephrosis	1	-
35.	Hyperplasia of prostate	2	
36.	Other diseases, genito-urinary system	3	3
37.	Diseases of musculo-skeletal system	-	2
38.	Congenital anomalies	7	6
39.	Birth injury, difficult labour, etc.	1	2
40.	Other causes of perinatal mortality	6	1
41.	Motor vehicle accidents	8	5
42.	All other accidents	8	10
43.	Suicide and self-inflicted injuries	3	3
44.	All other external causes	4	1

RECORD OF PROGRESS - DONCASTER RURAL DISTRICT

Year	Live Birth Rate	Crude Death Rate	All forms of Tuberculosis	Infant Mortality	Maternal Mortality
1911	35.1	14.9	1.32	126.4	*
1916	30.6	13.9	1.64	106.9	*
1919	27.4	15.4	1.4	116.6	*
1921	30.8	14.0	1.14	130.9	*
1926	29.4	10.3	0.8	82.3	*
1931	23.1	9.10	0.9	81.5	*
1936	18.4	8.74	0.56	61.0	8.25
1941	20.8	9.3	0.61	61.0	4.59
1944	23.9	8.8	0.55	41.0	4.97
1946	21.9	7.9	0.39	42.0	2.56
1951	18.06	9.97	0.43	47.81	NIL
1956	21.2	9.4	0.07	41.5	0.81
1961	22.3	8.9	0.02	26.0	0.63
1962	22.2	8.8	0.04	25.5	NIL
1963	22.8	8.7	0.03	20.7	NIL
1964	23.4	8.0	0.03	20.3	0.57
1965	21.5	8.4	0.01	22.5	NIL
1966	21.1	8.1	0.04	19.6	0.61
1967	18.8	8.0	NIL	20.4	0.67
1968	17.9	7.4	0.05	14.0	NIL
1969	16.5	8.5	0.01	24.0	NIL
1970	18.4	7.9	0.05	25.0	NIL
1971	16.6	8.4	NIL	25.0	NIL
1972	16.8	8.8	0.01	18.7	NIL

\* Figures not available

## SECTION B

### Services provided by the County Council.

#### MATERNITY SERVICES

##### NOTIFIED BIRTHS

Public Health Act 1936 - Section 203

	Births				Total
	Domiciliary		Institutional		
	Live	Still	Live	Still	
Delivered by County Midwives	87	-	-	-	87
Hospitals and nursing homes, and transfers in (domiciliary)	-	-	1424	19	1443
Total notifications received	87	-	1424	19	1530
Deduct outward transfers	1	-	-	-	1
Total adjusted births	86	-	1424	19	1529

##### Analysis of Institutional Births

	Live	Still
Hospitals	1413	19
Maternity Homes	9	-
Nursing Homes	2	-
Total	1424	19

##### Hospitals

	Live	Still
Doncaster Maternity Hospital	1369	19
St. Mary's Harborough Magna	1	-
Kilton Hospital	2	-
Nocton Hall Hospital	2	-
Moorgate, Rotherham	9	-
Barnsley General	2	-
Jessops, Sheffield	4	-
Montague, Mexborough	20	-
Staincliffe General Hospital, Dewsbury	1	-
Leeds Maternity Hospital	1	-
Southmoor General Hospital	2	-
	1413	19

##### Maternity Homes

Listerdale	8	-
Shotley Bridge Maternity Home	1	-
	9	-

##### Nursing Homes

Claremont Nursing Home	2	-
	2	-

Details of Deliveries				Total No. of cases
Dr. Not Booked		Dr. Booked		
Present	Not Present	Present	Not Present	
-	2	8	76	86

A. No. of cases delivered in Hospital, discharged 769  
home and nursed by County Domiciliary  
Midwives.

- |                                                          |     |
|----------------------------------------------------------|-----|
| 1. At forty-eight hours.                                 | 85  |
| 2. After forty-eight hours and including<br>seventh day. | 600 |
| 3. After seventh day but before tenth day.               | 84  |

B. Ante-Natal Visits. 2901

C. Post-Natal Visits. 8086

There were 1529 babies born to residents in the rural district in 1972 which is 20 less than the previous year. The number born in hospital remained about the same and the fall was mainly in the number of domiciliary births which were only 5.7% of the total number of births. Early discharge from the maternity hospital between two and seven days after delivery is increasingly popular, provided the home circumstances are suitable. The domiciliary midwives are mainly ante-natal and post-natal care which is of vital importance. Despite the change in maternity services there will always be an important role for a midwife, based on the community, to play particularly in a rural area. With free contraceptives and family planning advice available since April 1973 for West Riding residents the Family Planning Association's aim that every child should be a wanted child is quickly being realised and good ante-natal care is of greater importance to ensure as far as possible that every child born will be a healthy child.

#### PREMATURE BIRTHS - R. D. C.

Birth Weight	Total Born				No. who died under 28 days		No. who survived 28 days
	Dead		Alive				
	At Home	At Hosp.	At Home	At Hosp.	At Home	At Hospital	
Under 3 lbs.	-	7	-	10	-	9	1
3-4 lbs.	-	2	-	11	-	3	8
4-5½ lbs.	-	5	1	98	-	3	96
Total	-	14	1	119	-	15	105

There was an increase in the number of premature births from 1971, but with better ante-natal care one would hope to see a reduction in this figure along with the number of still births. There were, however, fewer deaths from prematurity.

## ANALGESIA AND TRILENE

	Pethidine Alone	Trilene	
		Alone	With Pethidine
Number of cases where analgesia was administered by County Council Midwives	17	18	41

## ANTE-NATAL CLINICS (LOCAL AUTHORITY)

There are no local authority ante-natal clinics. General practitioners hold clinics in four County Clinics assisted by our midwives. Also midwives attend at doctors' surgeries at ante-natal sessions. Relaxation and mothercraft classes are held by county midwives and details are as follows:

No. of clinics	9
No. of sessions	287
No. of women attending	421
No. of attendances	1684

These classes are especially important for women having their first baby in order that they understand the different stages of labour and the simple principles of infant care.

NOTIFIED BIRTHS AND INFANT DEATHS - 1972

Area	Live Births and transfers in			Still Births			Total live and still births	Less trans- fers out	Nett total L & S births	Infant Deaths
	Dom.	Inst.	Total	Dom.	Inst.	Total				
Adwick-on-Deerne	-	1	1	-	-	-	1	-	1	-
Alverley	-	2	2	-	-	-	2	-	2	-
Armthorpe	12	204	216	-	1	1	217	-	217	3
Askern	10	117	127	-	1	1	128	-	128	-
Austerfield	-	2	2	-	-	-	2	-	2	-
Auckley	-	30	30	-	2	2	32	-	32	1
Barnburgh	2	22	24	-	2	2	26	-	26	1
Barnby Dun	-	44	44	-	1	1	45	-	45	-
Bawtry	4	15	19	-	-	-	19	-	19	-
Blaxton	-	6	6	-	-	-	6	-	6	2
Braithwell	-	20	20	-	-	-	20	-	20	-
Brodsworth	1	2	3	-	-	-	3	-	3	-
Burghwallis	-	2	2	-	-	-	2	-	2	-
Branton	1	24	25	-	-	-	25	-	25	1
Braithwaite	1	1	2	-	-	-	2	-	2	-
Clayton	-	2	2	-	-	-	2	-	2	-
Clifton	1	1	2	-	-	-	2	-	2	-
Cadeby	-	2	2	-	-	-	2	-	2	-
Campsall	1	27	28	-	1	1	29	-	29	-
Cusworth	-	2	2	-	-	-	2	-	2	1
Edenthorpe	5	70	75	-	1	1	76	-	76	2
Edlington	15	154	169	-	2	2	171	-	171	3
Fenwick	-	1	1	-	-	-	1	-	1	-
Finningley	1	75	76	-	-	-	76	-	76	1
Hampole	-	3	3	-	-	-	3	-	3	-
Harlington	-	12	12	-	-	-	12	-	12	-
Hickleton	-	1	1	-	-	-	1	1	1	-
Hooton Pagnell	-	1	1	-	-	-	1	-	1	-
High Melton	-	3	3	-	-	-	3	-	3	-
Kirk Sandall	2	47	49	-	-	-	49	-	49	-
Loversall	-	4	4	-	-	-	4	-	4	-
Marr	1	3	4	-	-	-	4	-	4	-
Moss	-	1	1	-	-	-	1	-	1	-
Micklebring	-	2	2	-	-	-	2	-	2	-
Norton	4	31	35	-	-	-	35	-	35	-
Old Cantley	-	1	1	-	-	-	1	-	1	-
Old Denaby	-	3	3	-	-	-	3	-	3	-
Pickburn	-	2	2	-	-	-	2	-	2	-
Rossington	13	175	188	-	3	3	191	1	190	5
Scawsby	4	84	88	-	3	3	91	-	91	1
Skelbrooke	-	4	4	-	-	-	4	-	4	-
Sutton	-	3	3	-	-	-	3	-	3	-
Sprotbrough	2	110	112	-	-	-	112	-	112	4
Stainton	-	4	4	-	-	-	4	-	4	-
Wadworth	2	23	25	-	1	1	26	-	26	-
Warmsworth	5	80	85	-	1	1	86	-	86	2
Wilsic	-	1	1	-	-	-	1	-	1	-
Total	87	1424	1511	-	19	19	1530	2	1529	27



## CLINIC SESSIONS

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ARMTHORPE Mere Lane	am	Chirography - twice monthly.			Immunisation (fort- nightly).	Speech therapy.
	pm		Hearing test (2nd and 4th)	Relaxation	Infant Welfare	
ASKERN Baptist Chapel, Sutton Road.	am			Speech therapy (alt.)	Immunis'n. (monthly)	Hearing test (monthly)
	pm	Infant Welfare.		Chirography	Relaxation	
	pm	Immunisation.				
	pm	Infant Welfare				
BAWTRY 5 South Avenue	pm	Immunis'n. (monthly)				
	pm	Chirography (1st Mon.)				
CAMPSALL Park Drive	am		Toddlers (monthly)	Hearing (alt. months)	Relaxation	Family Planning
	pm		Mothercraft (fortnightly)	Hearing (monthly)	Immunis'n. (fortnightly)	
KIRK SANDALL Dentons Gr. Lane	am			Hearing (monthly)	Infant welfare	
	pm			Relaxation	Infant welfare	Chiropody
EDLINGTON Broomhouse Lane	am	G.P. Surgery	G.P. Surgery, chirop- ody. Speech therapy.	G.P. Surgery	Immunis'n. (monthly)	G.P. Surgery
	pm	Infant Welfare	Family Planning	Relaxation. Cytology (monthly). G.P. surg	Ante-natal (G.P.)	Ante-natal (G.P.)
ROSSINGTON Nelson Road	am	G.P. Surgery	G.P. Surgery	Hearing (monthly)	G.P. surgery.	Immunis'n. (monthly)
	pm	G.P. Surgery	Chiropody.	G.P. Surgery	Chiropody.	G.P. Surgery.
SCAWSBY Barnsley Road	am	G.P. Surgery	G.P. Surgery	G.P. Surgery	G.P. Surgery	G.P. Surgery
	pm	Speech therapy	Infant Welfare	Relaxation. Toddlers (monthly). Immunis'n	Ante-natal (G.P.)	Ante-natal (G.P.)
SPROTBOUGH Richmond Hill	am	G.P. Surgery	G.P. Surgery	(monthly) G.P. Surg.	G.P. Surgery	G.P. Surgery
	pm	Hearing (monthly)	G.P. Surgery	G.P. Surgery	G.P. Surgery	G.P. Surgery
MOBILE CLINIC NO. 2 Alternate weeks	am		G.P. Surgery	Immunis'n (monthly)	Chiropody	Chiropody
	pm		G.P. Surgery	Infant welfare.	Ante-natal (G.P.)	Ante-natal (G.P.)
SPROTBOUGH Richmond Hill	am		(monthly). Family Pl., (1st and 3rd)	G.P. Surgery	G.P. Surgery	G.P. Surgery
	pm			Inf. welfare, Immun- isation. (fortnightly)	Relaxation	Relaxation
MOBILE CLINIC NO. 2 Alternate weeks	am		Family Planning (alt.)	Toddlers (alternate)	Chiropody (alt.)	Hearing (monthly)
	pm	Barnby Dun p.m. (alternate)	West End, Bentley a.m. (alternate)	Pickburn, Hooton P., Scawsby (Green Lane), Clayton/Barnburgh, Harlington (monthly) a.m. (alt.)	Relaxation	Edenthorpe a.m. (alt.)
MOBILE CLINIC NO. 2 Alternate weeks	am		Arksey p.m. (alt.)	Wadsworth p.m. (alt.)	Blaxton a.m. (alt.)	High Melton Village,
	pm				Old Denaby p.m., High Melton Hill, Cadeby (alt.)	Sprotbrough p.m. (alt.) Braithwell p.m. (alt.)

CHILD WELFARE CENTRES - RURAL DISTRICT COUNCIL - 1972

Name of Centre	No. of Infant Welfare Sessions held during the year	No. of children who attended during the year who were born in			Total No. of children who attended during year	No. of attendances during the year made by children who at the date of attendance were born in			Total Attendances during the year
		1972	1971	1967-70		1972	1971	1967-70	
Awkley	26	28	30	7	75	246	341	146	733
Arnthorpe	52	189	166	70	428	1743	1214	220	3177
Askern	48	108	112	58	278	1011	1305	518	2834
Bawtry	48	28	42	20	90	255	390	129	774
Campsall	52	73	67	59	199	668	679	327	1674
Edlington	48	146	171	60	377	1376	1326	472	3174
Kirk Sandall	52	108	135	132	345	1344	1254	748	3346
Rossington	49	168	108	50	326	1875	1365	766	4006
Scawsby	51	111	118	86	315	1005	1132	644	2781
Sprotbrough	51	76	82	102	260	900	1260	1184	3344
Warmsworth	47	67	66	19	152	640	661	474	1775
Finningley R.A.F.	48	88	92	33	213	792	667	157	1616
Mobile clinic (R.D.C. only)	362	225	215	220	660	1497	1500	1206	4203
Total	934	1415	1404	926	3745	13352	13094	6991	33437



VISITS MADE BY HEALTH VISITORS

DONCASTER RURAL DISTRICT ANNUAL RETURN 1972

HEALTH VISITING AND TUBERCULOSIS VISITING

Cases visited by Health Visitors	No. of cases (i. e. first visits)
1. Total number of cases	6791
2. Children born in 1972	1407
3. Other children aged under 5	3720
4. Persons aged between 5 and 16	376
5. Total number of children in lines 2-4	5103
6. Persons aged 65 or over	1595
7. Mentally disordered persons	16
8. Number of tuberculosis households visited (i. e. visits by H. V. 's not employed solely on tuberculosis work)	40
9. Number of households visited on account of other infectious disease	15
10. Any other households	38
11. Persons between the ages of 17 and 64	922

CHILD WELFARE

The programme of developmental assessment of all children continued successfully during the year helped by the increasing use of the West Riding computer, particularly for the recall of children on the handicapped register for assessment. This programme has proved most useful in discovering defects of vision and hearing and providing the Education Department with accurate estimates of children in need of special education. With the mobile clinic in use the whole year the number of clinics held in 1972 was markedly up on the 1971 figure and there was also an increase in the number of children attending the clinics though the total attendances fell by over a thousand. This drop in the number of attendances was most noticeable in children born during 1972.

The attachment of Health Visitors to general practitioners' practices rather than an area has altered the work of the Health Visitor, for far more visits were made to the elderly and other adults and so giving a truer picture of the Health Visitor's role as an adviser on health matters to the whole family. The attachment to practices rather than areas does increase the travelling of the Health Visitor but the closer association with general practice and the Home Nurse helps to create a close knit team providing preventive and primary care for all persons in the practice.

Following re-organisation of the National Health Service in 1974 I anticipate a further strengthening of the primary care team with closer supervision of "at risk" groups and better care of all patients.

Closer working relationship was established with the hospital paediatric department during the year.

# SALE OF WELFARE FOODS - 1972

Clinic	National Dried Milk		Vitamin A, D & C Drops		Vitamin A, D & C Tablets		Vitamin A & D Tablets		Vitamin C Tablets		Orange Juice		Cod Liver Oil	
	Sold	Free	Sold	Free	Sold	Free	Sold	Free	Sold	Free	Sold	Free	Sold	Free
Armthorpe	241	6	280	71	68	9	90	--	8	-	1170	-	-	-
Askern	585	48	176	59	84	-	59	1	15	1	602	-	14	-
Bawtry	24	-	96	8	14	-	41	-	9	-	366	-	-	-
Edlington	76	15	178	86	48	-	22	7	10	7	572	-	-	-
Finningley	109	-	182	-	13	-	7	-	-	-	297	-	-	-
Kirk Sandall	7	-	278	23	76	1	20	4	7	-	779	20	-	-
Rossington	545	166	333	95	113	2	95	-	35	-	1050	-	-	-
Scawsby	74	1	395	20	67	-	66	1	26	1	795	-	-	-
Sprotbrough	64	2	240	19	45	-	100	-	17	-	1003	-	-	-
Warmsworth	6	-	132	8	15	-	16	-	12	-	544	-	-	-
Total for Rural District	1731	238	2290	389	543	12	516	13	139	9	7178	20	17	-
Total for Division	2580	499	3186	679	839	23	749	25	221	19	10349	40	17	-

In some areas of the West Riding the sale of welfare foods was discontinued with little or no decrease in attendances. This freed Health Visitors and/or clerks for other work. These foods were sold at shops in the area by arrangement with the Divisional Health Department. In this area it would have been difficult to adopt this policy for it would have meant stopping the sale of all foods in clinics, many of which are sold by voluntary workers. These voluntary workers have been of valuable assistance to the Health Visitors and have in many cases helped to establish the clinics as an important part in the life of the small communities where mothers can go to get friendly, helpful, and confidential advice on a wide variety of problems.

Some welfare foods such as Cod Liver Oil and Orange Juice were discontinued and others such as Vitamin A, D and C drops introduced. National Dried Milk remained popular with increased sales in 1972.

## DOMESTIC HELP

Requests for domestic help were frequently referred to the Health Department staff and referred on to the Social Services Department for the service was administered by this department for the whole of 1972. The demands on this service greatly exceeded the supply and with the number of aged increasing in the population the demand will surely go on rising.

Surely one result of the re-organisation of local government will be a careful study of the needs of the elderly for such things as housing, warden supervision, domestic help, meals on wheels, and luncheon clubs and recreation both for pleasure and therapy.

# HOME NURSING

## DONCASTER RURAL DISTRICT

### ANALYSIS OF CASES COMPLETED DURING YEAR 1972 EXCLUDING CASES STILL UNDER TREATMENT ON 31ST DEC. 1972

Age Group	Classification of cases (completed cases only)						Total
	Medical	Surgical	Infectious diseases	Tuberculosis	Maternal complications	Other	
0 - 4	1	11	-	-	-	-	12
5 - 14	10	23	-	1	-	1	35
15 - 44	50	105	1	2	25	6	189
45 - 64	125	103	-	2	-	2	232
65+	561	114	4	6	-	5	690
Totals	747	356	5	11	25	14	1158

Total visits this year including injection visits	Classification of cases (completed cases only) - Visits						Total
	Medical	Surgical	Infectious diseases	Tuberculosis	Maternal complications	Other	
0 - 4	6	49	-	-	-	-	55
5 - 14	142	133	-	15	-	2	292
15 - 44	299	901	7	62	180	6	1455
45 - 64	2690	1465	-	72	-	3	4230
65+	7309	2019	63	122	-	74	9586
Totals	10446	4567	70	271	180	84	15618

### SUMMARY OF TOTAL CASES DEALT WITH DURING THE YEAR

(i.e. cases completed during year plus cases still under treatment on 31st Dec. 1972)

Classification	No. of cases attended by Home Nurses during the year	No. of visits made by Home Nurses during the year
(1) Medical	1033	23539
(2) Surgical	392	6635
(3) Infectious diseases	5	70
(4) Tuberculosis	12	299
(5) Maternal complications	25	180
(6) Other	18	143
Totals	1485	30866
Patients included in above who were aged 65 or over at the time of first visit during the year	933	20489
Children included in above who were under 5 years of age at the time of first visit during the year	14	178
Patients included in above who have had more than 24 visits during year	322	22666

The Home Nurse following attachment to medical practices has firmly established herself as an essential member of the primary care team and though the number of patients visited by the nurse has increased the total number of visits made are slightly less than the previous year.

During the year the scope of work carried out by the Home Nurse has increased and new equipment introduced to speed her work and provide better care for patients. The duty of the Home Nurse is not only to give skilled care to patients in their own homes but also to instruct relatives and friends in the general care of the patient.

It came as some surprise during the year to learn that some of the nursing profession in hospital did not know that the Home Nurse (or District Nurse) was not only a qualified nurse but had even taken further training in Home Nursing, with refresher courses at regular intervals.

During the year and at the beginning of 1973 serious efforts were being made to build up a closer working relationship with hospital staff so that patients transferred home would suffer no delay or diminution of care.

It is in this service that the increasing burden of the aged on a service is clearly seen, for more than two-thirds of this service is devoted to patients over the age of 65 years.

### CHIROPODY SERVICE

#### National Health Service Act 1946 (Section 28)

During 1972 the shortage of registeed chiropodists which exists all over the country made it difficult and at times impossible to meet the increasing demand. The work load imposed on the voluntary associations also increased and proved to be too much and so were taken over and administered directly by the Divisional Health Department. Care of the feet is particularly important in the elderly who frequently have an impaired circulation of blood to the extremities.

The scheme provides for free treatment to be given to persons in the following categories:

1. AGED - Persons of pensionable age (men over 65 years and women over 60 years of age).
2. PHYSICALLY HANDICAPPED - A person suffering from a disability, directly associated with the need for chiropody treatment, or a handicap which in itself prevents a person from attending to his own feet, e.g. blindness.
3. EXPECTANT MOTHERS

Chiropody treatment is given either at an organised clinic session in premises provided by voluntary association, or in a local authority clinic or by domiciliary treatment on medical grounds. Domiciliary treatment is only recommended where a person cannot get to a clinic as this method is much more costly.

Persons requiring chiropody treatment and who fall in one of the above categories can be referred either to the Divisional Medical Officer, who is responsible for overall supervision of the scheme, health visitor, or to the Secretary of the nearest voluntary association, a list of Secretaries is given below.

Initial approval is given for one year and renewed when necessary with a maximum of six treatments per year. Additional treatments can be authorised by the Divisional Medical Officer where considered necessary.

<u>Clinic</u>	<u>Secretary</u>
Armthorpe (Welfare)* (to May 1972)	Mrs. Binks, 43 Chestnut Avenue, Armthorpe.
Bawtry	Mrs. Winter, 32 Kingswood Close, Bawtry.
Braithwell	Mrs. F. Houghton, "Mayfield", Doncaster Road, Braithwell.
Edenthorpe	Mrs. Steptoe, 8 Clovelly Road, Edenthorpe.
Fenwick	Mrs. M. Hall, Orchard End, Lawn Lane, Fenwick.
Scawsby	Mrs. D. Wilson, 27 Regent Grove, York Road, Doncaster.
Warmsworth* (to May 1972)	Mrs. E. Baldwin, 14 Cecil Avenue, Warmsworth.

\* Transferred to Direct Service.

#### DIRECT SERVICE

Persons in the undermentioned areas should be referred either to a health visitor or the Divisional Health Office:

Barnburgh, Hickleton, and Harlington.	
Blaxton, Branton, Awkley, and Finningley.	
Old Denaby	Norton
Wadworth	Campsall
Edlington	Kirk Sandall
Sprotbrough	Rossington
Askern	Armthorpe
	Warmsworth

#### List of Chiropodists

Armthorpe	-	Mr. J.A. Gymer
Bawtry	-	Mr. R.G. Mason
Braithwell	-	Mr. J.E. Ashmore
Edenthorpe	-	Mr. J.A. Gymer
Fenwick	-	Mr. B. Otley
Warmsworth	-	Mr. W. Garton
Scawsby	-	Mr. P. Sykes



Direct Service by County Council

Askern	-	( Mrs. E. Parry from Nov. ( 1972 ( Mrs. G.F. Candlish to ( Nov. 1972
Rossington	-	Mr. L. Berry
Hickleton )	-	( Mr. A. Aldam
Barnburgh)	-	( Mr. B. Otley
Armthorpe (Clinic)	-	Mr. J.A. Gymer
Blaxton and Auckley	-	Mr. J. Mason
Edlington	-	Mr. W. Garton
Norton and Campsall	-	( Mrs. G.F. Candlish to ( Nov. 1972 ( Mrs. E. Parry from Nov. ( 1972
Sprotbrough	-	Mr. P. Sykes
St. Anne's Convent	-	Mr. D.R. White
Wadworth	-	Mr. B. Otley
Kirk Sandall	-	Mr. P. Sykes

AREA Voluntary Association	No. of sess- ions	No. of patients						Total treated			No. of treatments						Total No. of treatments		
		Clinic			Domiciliary						Clinic			Domiciliary					
		P	PH	EM	P	PH	EM	P	PH	EM	P	PH	EM	P	PH	EM	P	PH	EM
Armthorpe (Mere Lane) (to 30th April 1972)	15	50	-	-	48	-	-	98	-	-	127	-	-	92	-	-	219	-	-
Bawtry	21	34	-	-	25	-	-	59	-	-	195	-	-	96	-	-	291	-	-
Braithwell	11	16	-	-	12	1	-	28	1	-	78	-	-	57	4	-	135	4	-
Edenthorpe	13	28	-	-	13	-	-	41	-	-	131	-	-	46	-	-	177	-	-
Fenwick	6	10	-	-	1	-	-	11	-	-	50	-	-	1	-	-	51	-	-
Scawsby	48	122	1	-	63	3	-	185	4	-	416	2	-	283	12	-	699	14	-
Warnsworth	14	59	1	-	-	-	-	59	1	-	128	2	-	-	-	-	123	2	-
Sub-Total (Voluntary)	128	319	2	-	162	4	-	481	6	-	1120	4	-	575	16	-	1695	20	-
<u>DIRECT SERVICE</u>																			
Askern	43	99	2	1	35	1	-	134	3	1	326	7	1	166	5	-	492	12	1
Armthorpe (Clinic)	42	155	2	-	58	-	-	213	2	-	363	3	-	105	-	-	468	3	-
Barnburgh/Hickleton	19	42	1	-	17	2	-	59	3	-	182	1	-	58	6	-	240	7	-
Blaxton/Auckley/Branton	-	-	-	-	61	1	-	61	1	-	-	-	-	326	5	-	326	5	-
Edlington	101	219	7	-	68	1	-	287	8	-	889	24	-	180	6	-	1069	30	-
Kirk Sandall	48	106	1	-	41	-	-	147	1	-	406	5	-	210	-	-	616	5	-
Norton/Campsall	29	58	1	-	21	1	-	79	2	-	214	2	-	98	4	-	312	6	-
Rossington	35	155	2	-	100	1	-	255	3	-	298	2	-	303	3	-	601	5	-
Sprotbrough	25	59	4	-	53	5	-	112	9	-	204	13	-	283	29	-	487	42	-
Wadworth	16	31	-	-	3	-	-	34	-	-	161	-	-	16	-	-	177	-	-
St. Anne's Convent	12	30	-	-	3	-	-	33	-	-	129	-	-	14	-	-	143	-	-
Sub-Total (Direct)	370	954	20	1	467	12	-	1421	32	1	3172	57	1	1759	58	-	4931	115	1
Grand Total (Doncaster R.D.C.)	498	1273	22	1	629	16	-	1902	38	1	4292	61	1	2334	74	-	6626	135	1

P - Pensioners      PH - Physically handicapped      EM - Expectant mothers

## MEALS ON WHEELS

The Rossington "Good Neighbours" continued to provide their own luncheon club and meals on wheels service independently, with great enthusiasm and hard work. They are a fine example of voluntary work which can be provided in a large parish with a good community spirit.

In the remaining areas of the rural district the Top Tray system of frozen foods "end cooked" in a central kitchen and delivered to the outlying areas completed its third year. It has been an undoubted success as its steady expansion and rising demand clearly demonstrates. Further expansion during 1973 is planned and already taking place so that all areas will benefit from this service. It is also pleasing to know that the Council realise the value to the elderly and the need for expansion, and are prepared to finance the new projects itself despite the strictures placed on the service by the West Riding County Council.

Once again I must record my thanks to Mrs. Buckley and the three part-time workers whose enthusiasm and hard work has made this service so successful.

This Top Tray service has aroused the interest of other authorities who have visited the kitchen and luncheon clubs. Two of the authorities have themselves set up a similar service and in 1973 arrangements were made for Bentley to transfer from a system of conventionally cooked meals to the Top Tray service and recent reports show that the change has met with the approval of the recipients. As Adwick-le-Street have a similar service the re-organisation of local government should meet with few problems in this field and cause no delay in further expansion.

<u>Meals Served</u>	<u>1972</u>	<u>1971</u>
Meals on wheels delivered to houses	18, 341	18, 184
Kirk Sandall Luncheon Club	5, 647	5, 346
Edlington Luncheon Club	2, 594	2, 681
Barnby Dun Luncheon Club	2, 225	<u>1, 774</u>
Sprotbrough Luncheon Club	1, 792	<u>27, 985</u>
(Comm. 14. 3. 72.)		
Askern Luncheon Club	1, 377	
(Comm. 12. 7. 72.)		
	<u>31, 976</u>	

The total number of meals served since the inception of this service on 14th July 1969 is 90, 483.

## WARDEN SERVICE

There has been no expansion of the warden service for private houses during 1972 but the Council have provided wardens for all dwellings which have been purposely built for the elderly. The Warden Service for Council dwellings is separately administered by the Housing Department.

At present there is a need to provide warden services for private dwellings in two small parishes.

Monthly reports are submitted by wardens on the persons under their supervision. These reports serve the main purpose of causing the wardens to reassess each month the needs of those visited and to bring other services to help if required.



## SCHOOL HEALTH SERVICE (DIVISION)

Compared with 1971, when we had an acute shortage of medical staff, we were fortunate towards the end of the year in having almost a full complement of staff engaged on this work. This has enabled the School Health Service to catch up on the backlog of work which had formed and at the time of writing the service is almost up to date. More apparatus for assessment of hearing and vision was acquired and with a slight improvement in Health Visitor staffing the two-yearly assessments of vision and hearing are being carried out.

Though we acquired another part-time speech therapist there is still a need for a further increase in staff for this speciality. Unfortunately, there is a national shortage of speech therapists and our plight is not uncommon. We did get another Educational Psychologist to ease the strain on this part of the service but despite efforts to find suitable accommodation for the Child Guidance Clinic they still occupy overcrowded, unsuitable premises in a Health Centre. New accommodation for a Child Guidance Service for the whole of the new Doncaster Metropolitan District will be one of the most pressing problems on re-organisation.

The Child Guidance service for this area is quite inadequate to give even a reasonable service. One Child Psychiatrist two days weekly cannot hope to cope with the problems that arise in a school population of 26, 000.

Concern was expressed by the Divisional Education Executive during 1972 about the numbers of children infested with vermin. On comparison with other areas our figures are not high but most incidents of infestation came from well-defined groups of children in certain schools. A report was submitted to the Education Executive who agreed that prosecution for this offence should be undertaken in certain cases if necessary. Up to the present no cases have been prosecuted.

Preparations for the re-organisation of the National Health Service include preparations to establish a Child Health Service where regular assessments of all children will take place pre-school to ensure that children will be placed in the most suitable schools and teachers advised on the needs of handicapped children in their classes.

During the year the placement of children in need of residential schooling was extremely difficult in some cases and once again I hope the re-organisation of local government will provide an opportunity to review this problem locally when the new area will have a school population of over 50, 000.

During the year the view that Health Education should be an integral part of school work, strengthened, and that it should not be looked upon as a subject in isolation. School Medical Officers and Health Visitors frequently acted as advisers in Health Education and occasionally talked to pupils on specialist matters.

The series of talks on health matters given to student teachers at Scawsby College of Education were repeated again with success in 1972.

## SPECIALIST CLINICS

Specialist clinics are held for all children suffering from hearing defects and defective vision.

Appended is a list of such clinics held during the year, for all children in the Division.

(a) Refraction - Mr. Marshall and Dr. Hussain

Clinics held at Chequer Road, Doncaster.

No. of sessions	87
No. of children referred	1926
No. of children attended	1250
Glasses prescribed	245
Treatment required	142
For re-examination	536
Referred for operation	-

(b) Paediatric

This service for the third year was no longer a separate service from that provided at Doncaster Royal Infirmary and I am pleased to report a continued good relationship with the Paediatric Department with a Health Visitor attended out-patient clinics weekly for an exchange of information.

### Audiology Clinic

#### Report for the year 1972

No. of sessions	38
-----------------	----

No. of individual children attending

(a) Referred for first time in year	83
(b) Also attended in previous year	<u>61</u>
	144

No. of attendances	164
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Ages of children referred (new cases)

Under 1 year	5
1 to 2 years	4
2 to 5 years	20
5 to 8 years	30
8 to 11 years	15
Over 11 years	<u>9</u>
	83

Results of investigation

No. of children with significant hearing loss	69
No. of children without significant hearing loss	65
No. not yet diagnosed	10

## Recommendations

Hearing aid recommended	12
To sit in front of class	20
Speech therapy	17
School for deaf	10
School for partially hearing	2
Referred to E.N.T. Clinic	25
Referred to psychologist	32
For supervision by peripatetic teacher	32
Trial - deaf school nursery	3

The importance of detecting deafness as early as possible cannot be over-emphasised and the work of this clinic is vitally important.

## Speech Therapy

During the year two part-time speech therapists were employed in the division giving a total of eight half-day sessions. Sessions were allocated to the Anchorage School for the Educationally Sub-Normal where there were particular problems and clinics were held at Askern and Armthorpe in the rural district as well as Scawthorpe Clinic and the Divisional Offices at Station Road, Doncaster. A further session was started at Adwick Fernbank School where there are many speech problems with the children.

The staffing of this speciality is quite inadequate for an area of this size and the therapists can only deal with the more serious defects and advise teaching staff and parents on how best to treat minor speech disorders.

## Child Guidance

No. of sessions during the year - 147	Boys	Girls	Total
No. of new cases seen during the year	107	47	154
Referred from previous year	107	53	160
Re-opened cases	9	3	12
Discharged or admitted for residential treatment	106	47	153
Cases carried forward	117	56	173
Total number of pupils treated	326		
Total number of attendances	818		

During the year 1947 sessions were held at Woodlands Clinic, which is inaccessible from many parts of the division without difficulty and the hopes of obtaining more central premises were not realised during 1972 though the search for suitable premises continues. There is also in this speciality a shortage of trained staff for 2/5ths of a psychiatrist, two educational psychologists and a social worker is totally inadequate for an area with over 26,000 school children, for this service needs a much higher staffing ratio particularly if any work is to be done in assessment units.

## B.C.G. Routine Vaccination of School Children

### 1. Acceptances

(a)	No. offered vaccination	1200
(b)	No. found to have been vaccinated previously	22
(c)	No. of acceptors	957
(d)	Percentage of acceptances	81.2

### 2. Pre-vaccination Tuberculin Tested

(a)	No. of children tested	918
(b)	Result of test:	

	<u>Heaf Test</u>	<u>Mantoux Test</u>	
(i) Positive	5	40	
(ii) Negative	121	718	
(iii) Not ascertained	3	31	
		Total	918
(c) Percentage positive	4.0	5.3	
		Total	5.1

### 3. Vaccination

(a)	Following negative Heaf Test	111
(b)	Following negative Mantoux Test	<u>691</u>
	Total	<u>802</u>

29 vaccinated without skin testing.

Though the Heaf Test used is, if anything, more acceptable to children the Mantoux Skin Test is more accurate. Some of the children who were positive to these skin tests had previously been vaccinated but all positive reactors were sent to the Chest Clinic for X-ray.

Once again during 1972 survey work was carried out using different types of B.C.G. vaccine comparing the merits of World Health Organisation Vaccine and British Vaccine. The survey results show little difference in the two vaccines which are still used throughout the world. A further survey will be carried out in 1973.

## B.C.G. VACCINATION - CONTACT SCHEME

Details of B.C.G. vaccination of contacts undertaken by Chest Physicians on behalf of the County Council during the year ended 31st December 1972.

	Age (years)			Total
	0-4	5-15	16+	
<u>Pre-vaccination</u>				
<u>Skin Test</u>				
No. skin tested	28	44	17	89
No. found positive	1	5	9	15
No. found negative	27	39	8	74
<u>No. vaccinated</u>	20	33	7	60
<u>No. of babies vaccinated at birth</u>	-	-	-	17

As well as the routine programme of vaccine the chest physician also vaccinates those who are contacts of cases of tuberculosis and so give them positive protection against this disease.

In this area we have few immigrants from overseas but in common with all immigrant groups all over the world they frequently live in sub-standard accommodation, working long hours to earn sufficient to establish themselves in their adopted country. Tuberculosis has proved to be a problem in immigrant groups in other parts of Yorkshire and in this "at risk" group children need to be protected at an early age against this disease.

## Periodic Medical Examination of School Children

Age Groups Inspected (by year of birth)	No. of pupils who received medical examination	Physical Condition	
		Satisfactory	Unsatisfactory
1968 and later	1	1	-
1967	680	680	-
1966	1411	1411	-
1965	737	737	-
1964	278	277	1
1963	533	533	-
1962	594	594	-
1961	374	374	-
1960	67	67	-
1959	25	25	-
1958	15	15	-
1957 and earlier	546	546	-
Total	5261	5260	1

There was a considerable increase in the number of children examined in schools during 1972 compared with 1971. There was also an increase in the number of special examinations carried out on children during the year.

The Divisional Health staff of doctors also have the responsibility of acting as advisers on student health matters at Scawsby College. It is particularly difficult when a student has a history of some mental illness to decide on his or her suitability for the teaching profession.

#### Special Examinations at Divisional Health Office and Child Welfare Clinics

##### A. CHILDREN

Child performances	13
For absenteeism	39
For special school	67
For physical examination	203
For child guidance	29
Freedom from infection	46
Bewerley Park examinations	77
For I. O. examinations	128
Care and guidance	12
Part-time employment	114
T.O.R.C.H. holiday scheme	5

##### B. ADULTS

Canteen workers, cleaners etc.	107
Nursery nurse examinations	11
Training college entrants	129
Superannuation examinations for all departments	62
Scawsby Teachers' Training College examinations	97
Temporary teachers examination	15

#### Day Care of Children Under 5 Years of Age

There is an increasing number of places in infant schools for the children who are not yet five years old and this is of immense benefit to certain children, particularly those who could be classed as deprived.

The registration and supervision of Day nurseries and Playgroups is no longer a duty of the Health Department. Health Visitors do visit playgroups on occasions to do hygiene inspections and when they wish to note the developmental progress of particular children in comparison with others.

NOTIFIABLE INFECTIOUS DISEASES 1972  
(other than Tuberculosis)

AGE AND SEX INCIDENCE

Arranged in the manner prescribed by the Registrar General

<u>Whooping Cough</u>		
Age Group	Male	Female
Under 3 months	-	-
3 months	-	-
6 months	-	-
9 months	-	-
1 year	-	-
2-4 years	-	-
5-9 years	-	-
10-14 years	-	-
15-19 years	-	-
20-24 years	-	-
35-44 years	-	-
45-54 years	-	-
55-64 years	-	-
65-74 years	-	-
75 and over	-	-
Age unknown	-	-
Total	-	-

<u>Infective Jaundice</u>		
Age Group	Male	Female
Under 1 year	-	-
1 year	-	-
2-4 years	1	-
5-9 years	1	2
10-14 years	1	2
15-19 years	-	3
20-24 years	-	-
25-34 years	-	2
35-44 years	-	1
45-54 years	1	-
55-64 years	-	-
65-74 years	-	-
Total	4	10



Age Group	Scarlet Fever	Acute meningitis due to infection with unspecified organisms		Acute Poliomyelitis		Measles	Dysentery	Puerperal Pyrexia		Paratyphoid "B"		Meningococcal infection	
		M	F	M	F	M	F	M	F	M	F	M	F
Under 1 year	-	-	-	-	-	-	-	-	-	-	-	-	-
1 year	-	-	-	-	-	-	-	-	-	-	-	-	-
2 years	1	-	-	-	-	-	-	-	-	-	-	-	-
3 years	1	1	1	-	-	-	-	-	-	-	-	-	-
4 years	-	-	-	-	-	-	-	-	-	-	-	-	-
5-9 years	7	-	5	-	-	-	-	-	-	-	-	-	-
10-14 years	2	-	2	-	-	-	-	-	-	-	-	-	-
15-24 years	-	-	-	-	-	-	-	-	-	-	-	-	-
25 and over	-	-	-	-	-	-	-	-	-	-	-	-	-
Age unknown	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	11	8	-	-	-	-	-	71	62	1	3	-	-



Since the introduction of antibiotics and chemotherapy the importance of the infectious diseases has waned for they no longer present the serious problem to health they did 30 to 40 years ago.

With increasing emphasis on food hygiene and the ever present hazard of infection from certain foods it is essential that both general practitioners and hospital doctors notify suspected food poisoning as soon as possible, so that investigations can be carried out in the home to determine the source of infection and prevent further spread. To be notified a week after the occurrence of the first clinical case is usually quite valueless.

Though hygiene standards are rising slowly in the food shops throughout the district there is still room for considerable improvement.

### VENEREAL DISEASE - DONCASTER RURAL DISTRICT - 1972

	Primary and Secondary Syphilis	Late Syphilis	Congenital Syphilis	Gonorrhoea Age Groups			Other Genital Conditions	Other Conditions
				19 and under	20-24	25 and over		
Jan. - March	-	-	1	5	2	5	31	15
April - June	-	1	-	2	3	4	42	20
July - Sept.	-	1	-	1	2	5	44	17
Oct. - Dec.	-	1	-	3	6	3	71	16
Total	-	3	1	11	13	17	188	68

Though early syphilis is seldom seen in the Venereal Disease Clinic gonorrhoea shows no sign of disappearing though it is a disease which can be rapidly cured. Other genital infections increased from 131 in 1971 to 188 in 1972.

### TUBERCULOSIS

Age Group	New Cases				Deaths			
	Respiratory		Other		Respiratory		Other	
	M	F	M	F	M	F	M	F
Under 1 year	-	-	-	-	-	-	-	-
1 year	1	-	-	-	-	-	-	-
2-4 years	1	-	-	-	-	-	-	-
5-9 years	-	-	-	-	-	-	-	-
10-14 years	-	-	-	-	-	-	-	-
15-19 years	-	-	-	-	-	-	-	-
20-24 years	1	-	-	-	-	-	-	-
25-34 years	-	3	-	1	-	-	-	-
35-44 years	1	1	-	-	-	-	-	-
45-54 years	-	-	-	-	-	-	-	-
55-64 years	1	-	-	1	-	-	-	-
65-74 years	3	-	-	-	-	-	-	-
75 and over	-	-	-	1	-	-	-	-
Total	8	4	-	3	-	-	-	-

During 1972 the Council protested at the withdrawal of a large part of the Mobile Mass Radiography Service. I still hold the view that a reduction in this service was sensible in view of the cost to maintain it and the poor results obtained in comparison with those obtained at the static unit in the Doncaster Royal Infirmary, which is open to the public at specific times each week and to which general practitioners can freely send patients without specific appointments.

#### CARE AND AFTER CARE OF TUBERCULOSIS AND CHEST CONDITIONS (DIVISION)

A special Committee for this purpose has been established for some years. Financial assistance is given to the Committee by the West Riding County Council and the Doncaster County Borough.

It has been possible to help many cases with clothing, bedding, etc.. This Committee carries out most useful work by giving support to families who have a member suffering from a chronic chest complaint.

(a) No. of patients receiving extra nourishment at 31st December 1971	6
(b) No. of patients granted extra nourishment during the year	11
(c) No. of grants discontinued	7
(d) No. of patients receiving extra nourishment at 31st December 1972	10
(e) Total orders issued in 1972	69

#### PROBLEM FAMILIES

The new Social Services Department have largely taken over the duty of co-ordinating the work of different agencies with particular families with problems.

The problems presented by families frequently are only symptoms of a much deeper problem needing treatment. Work with these families is usually time consuming over a long term and a great deal of research still remains to be carried out and evaluated to discover the best methods of preventing, finding, and dealing with many common social problems.

## CERVICAL CYTOLOGY (DONCASTER RURAL DISTRICT)

### Details of smears taken during 1972

Clinic	No. of sessions held during year	No. of patients attending for first time during year	Total No. of smears taken	No. of patients with positive smears	Referred to G.P. with breast tumours
Armthorpe	14	229	230	1	3
Askern	11	223	223	1	4
Bawtry	1	17	17	-	-
Campsall	9	144	144	1	4
Edlington	14	219	219	1	3
Kirk Sandall	8	107	107	-	3
Rossington	11	193	193	2	8
Scawsby	6	116	116	1	4
Sprotbrough	11	195	196	-	-
Total	85	1443	1445	7	29

More clinic sessions were held and far more women examined in 1972 than in 1971. Examination of the breasts is also done in these clinic sessions and it is interesting to note that though seven positive smears were found 29 women were found to have lumps in the breast which needed further investigation.

## MENTAL HEALTH SERVICES (DIVISION)

The Divisional Health Department no longer has administrative control over the Adult Training Centre and Adwick Fernbank School, but does advise on health matters and carries out the medical examinations of the pupils. It is pleasing to see that the long planned for extensions to the centre and the hostel are nearing completion, for the centre and school are overcrowded and the lack of a Special Care Unit has been particularly felt.

# VACCINATION AND IMMUNISATION (DIVISION)

## Vaccination of persons under age 16 completed during 1972

Table 1 - Completed Primary Courses - Number of persons under age 16

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1972	1971	1970	1969	1965-1968		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	9	1316	495	18	8	1	1847
3. Diphtheria/Pertussis	-	1	-	-	-	-	1
4. Diphtheria/Tetanus	-	4	17	2	1	-	24
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	-	-	2	2
8. Salk	-	-	-	-	-	-	-
9. Sabin	9	1321	513	20	9	1	1875
10. Measles	-	782	692	52	45	5	1546
11. Lines 1+2+3+4+5 (Diphtheria)	9	1321	512	20	9	1	1872
12. Lines 1+2+3+6 (Whooping Cough)	9	1317	495	18	8	1	1848
13. Lines 1+2+4+7 (Tetanus)	9	1320	512	20	9	3	1873
14. Lines 1+8+9 (Polio)	9	1321	513	20	9	1	1873

### Rubella

Number of girls vaccinated between their 11th and 14th birthday

205

Table 2 - Reinforcing Doses - Number of persons under age 16

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1972	1971	1970	1969	1965-1968		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	-	12	10	7	20	4	53
3. Diphtheria/Pertussis	-	-	-	-	1	-	1
4. Diphtheria/Tetanus	-	-	1	2	42	5	50
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	1	4	15	20
8. Salk	-	-	-	-	-	-	-
9. Sabin	-	12	13	10	62	5	102
10. Lines 1+2+3+4+5 (Diphtheria)	-	12	11	9	63	9	104
11. Lines 1+2+3+6 (Whooping Cough)	-	12	10	7	21	4	54
12. Lines 1+2+4+7 (Tetanus)	-	12	11	10	66	24	123
13. Lines 1+8+9 (Polio)	-	12	13	10	62	5	102

# DIPHTHERIA IMMUNISATION

	Age under 4 years	Age 4 years and over but not 16	Total
No. of children (including temporary residents) who completed the full course of immunisation in the authority's area between 1st January and 31st December 1972	1862	10	1872
No. of children who received booster injections	32	72	104

## DIPHTHERIA IMMUNISATION IN RELATION TO CHILD POPULATION (DIVISION)

Total children aged 1-16 years who have received a primary course	27077
Estimated child population	38300
Percentage immunised	70.7

## IMMUNISATION AGAINST TETANUS

	Age under 4 years 1969 to 1972	Age 4 years and over but not 16 1957 to 1968	Total
No. of children (including temporary residents) who completed the full course of immunisation between 1st January and 31st December 1972	1861	12	1873
Total number of children who were given a secondary or reinforcing injection (i. e. subsequent to complete full course)	33	90	123

## VACCINATION AGAINST MEASLES - 1972

0 - 3 years	1526
4 - 7 years	45
8 - 15 years	5
	<u>1576</u>

The placing on a computer of routine vaccination and immunisation procedures has proved to be an undoubted success. The percentage of children fully protected in this division remains below the average for the rest of the county for the same reasons given in my previous annual reports. I am sure that following re-organisation of the National Health Service and a unification of the areas into one Area Health Authority one of the major obstacles will be overcome and the percentage of children protected will rise.

The absence of diphtheria, whooping cough, poliomyelitis and the large outbreaks of measles, should not breed complacency for evidence has shown that only constant vigilance and a high level of immunity in the population will continue to keep epidemics of these diseases at bay.

As large numbers of people now travel to more exotic places each year on holiday they ought to seek the advice of their doctor on possible hazards to health that they may encounter and to which they have no immunity.

# FACTORIES ACT 1961

Annual Report of the Medical Officer of Health in respect of the year 1972  
for the Rural District of Doncaster in the County of Yorkshire (W.R.)

Prescribed particulars on the administration of the Factories Act 1961

## PART 1 OF THE ACT

1. INSPECTIONS for purposes of provisions as to health  
(including inspections made by Public Health Inspectors)

Premises	No. on register	Inspections	No. of written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	21	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	150	-	1	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises).	-	-	1	-
Total	172	-	2	-

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars	No. of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred to H. M. Inspector	Referred by H. M. Inspector	
Want of cleanliness (S. 1)	-	-	-	-	-
Overcrowding (S. 2)	-	-	-	-	-
Unreasonable temperature (S. 3)	-	-	-	-	-
Inadequate ventilation (S. 4)	-	-	-	-	-
Ineffective drainage of floors (S. 6)	-	-	-	-	-
Sanitary conveniences (S. 7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable/defective	2	2	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork).	-	-	-	-	-
Total	2	2	-	-	-



PART VIII OF THE ACT

Outwork

(Sections 133 and 134)

Nature of work	Section 133			Section 134		
	No. of out- workers in August list required by section 133 (1)(c)	No. of cases of default in sending lists to the Council	No. of prosec- utions for failure to supply lists	No. of instances of work in unwhole- some premises	Notices served	Prosec- utions
Wearing apparel - making, etc., cleaning and washing.	-	-	-	-	-	-
Total	-	-	-	-	-	-

ENVIRONMENTAL HYGIENE

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR  
AND CLEANSING SUPERINTENDENT, R. DURANT, M.A.P.H.I.

Statement of inspections made during the year in pursuance of reg. 25 (20)  
of the Public Health Officers Regulations 1959

PUBLIC HEALTH ACTS 1936-61

Section 92.	Nuisances, Initial	122
	Re-inspections	177
Section 39.	Drainage, Initial	60
	Re-inspections	61
Drainage surveys		5
Inspection and testing drains		46
Conversions	S. 47 (1) to sewer	2
	S. 47 (4) to cesspool	2
Public cleansing	Tips	57
	Salvage	39
	Paper sacks	41
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10806

This report will no doubt mark the end of an era as it may be the last full report dealing solely with the environment of Doncaster Rural District Council, and submitted directly to that Council. Although there will be a report covering the year 1973 this will be prepared in 1974 when the new Doncaster Metropolitan authority has come into being and will no doubt be formulating programmes for the brave new local government world.

1972 was, in fact, a year of stock-taking in the department Doncaster Rural District Council is to form part of the new Metropolitan authority which will embrace the following districts:

<u>District</u>	<u>Population (mid-year 1971)</u>
Adwick-le-Street U. D. C.	17, 830
Bentley-with-Arksey U. D. C.	22, 690
Conisbrough U. D. C.	16, 800
Doncaster C. B. C.	81, 800
Doncaster R. D. C.	81, 060
Harworth parish (Bawtry), N. Notts.	1, 200 Est.
Mexborough U. D. C.	15, 800
Thorne R. D. C.	39, 780
Tickhill U. D. C.	3, 300
	<u>280, 260</u>

Already short term rationalisation schemes have brought benefits to many of the districts and plans are now being formulated to deal with the more complex problems of a Metropolitan authority. It is possibly significant that this merger of new local authority control is coincidental with the environmental drive which has fired the imagination of many of the world's citizens during the past few years. Possibly man's lunar visits, and the calm reflection of the earth which has been presented on the television screens of most communities has brought home the full significance of preserving the environment which we have inherited and which is our duty to hand on in improved form to our successors.

The time is now rapidly approaching when we make a league table of environmental amenity within the several parts of the area. It would be interesting to be able to produce maps showing the areas which contained major environmental blights such as outdated housing, poorest air conditions, lack of environmental amenity, major industrial content, and dirtiest rivers and streams. It is in these areas where the major weight of authority should be grouped to produce environmental improvement.

In the context of the rural district area the major environmental moves during the year were

(a) the steps taken to carry a piped supply to what is probably the last major extension of the mains remaining in the rural area - at Moorhouse; all other properties which are remote from mains supplies are individual premises connected to individual private supplies.

(b) The declaration of the first smoke control area at Sprotbrough which came into operation on 1st November 1972. Although the Council were, frankly, slow to commence domestic smoke control there is every evidence that development will now proceed speedily through the area.

(c) The escalation of improvement works following the Government's increase of the grant to the maximum of £1,500 in intermediate areas. The public reaction to this has been overwhelming.

(d) A change in the environmental outlook in respect of industrial use of what is still our major fossil fuel - coal. It is felt that the miners' strike early in the year brought home the importance of this fuel and may have ensured a new appreciation of its future. Accepting this, it is therefore criminal that coal is not utilised in the best possible fashion. It should not be wasted by inefficient burning which is smoke-producing; this is not only a loss in output and efficiency, but is wasteful of the efforts of the whole industry, and results in direct harm to the living conditions of the whole community. It is now time that there should be a new assessment of the whole role that coal can play in the economy and the environment.

In all these ways, however, the pace of progress is to a great extent dictated by the man in the street. Ultimately it is the tax-payer who decides what effort and finance is to be invested in the preservation and enhancement of the environment. Amongst many people there is still a complete apathy and this is shown every day in the volumes of litter and refuse which are scattered indiscriminately around the countryside, mainly by people who are either eager to escape from refuse collection charges or are totally unthinking. In either case it costs the community, in general, much more to repair the damage which is done.

As in previous years the submission of inspections is set out on previous pages and the relevant notes set out below are in roughly the same order.

## PUBLIC HEALTH ACTS 1936-61

### Nuisances

#### (a) Factory farming.

During the year under review there were few complaints in this category. There is one intensive poultry farm where de-odourising measures are carried out but this appears to be inadequate in certain meteorological conditions and no permanent solution has yet been found. Fortunately the farm is remote from residential areas. Poultry manure can, therefore, be disposed of on adjacent agricultural land. The occupier of the premises, however, would be unwise to assume that this system would always be practicable.

Last year's report related to the difficulties experienced in one parish due to the keeping of pigs where new residential development had gradually crept up to the perimeter of the piggeries. This report has often suggested that planning should work two ways to retain the buffer between conflicting developments, but the problem in this parish may well be solved, fortuitously, by the removal of the piggeries and the future utilisation of the land for residential development.



(b) Blasting.

During most of the year there were few complaints on this subject but during December complaints arose in the relatively new quarrying venture in the parish of Brodsworth. Once again, through the excellent co-operation with the management and the explosives firm, it was possible to carry out vibrograph readings and these showed no likelihood of damage being caused. The blasting was expertly carried out but it is appreciated that it is always unsettling to realise that up to 500 lbs. of explosives may be detonated within a few thousand feet of one's home. The problem is really one of balance of community requirements: (a) for a safe, comfortable home without external impingements, and (b) the community's need for lime-stone to carry out building and engineering developments. It is probably the unexpectedness of blasting which brings fear and this would be enhanced if, for example, the cortex was not covered satisfactorily and some element of air blast consequently ensued.

Insofar as ground movement is concerned the major figures which are of interest are those for the maximum recorded amplitude, and the particle velocity. The following figures indicate the results taken from a blast carried out on the 11th December:

	<u>Recorded figures</u>	<u>Normally accepted safe value</u>	<u>Ratio</u>
Maximum recorded amplitude	0.00021"	0.008"	1:40
Particle velocity	0.01"	2.00"	1:200

(c) Dust nuisance.

In this area this has normally been synonymous with quarrying activities and since the Alkali etc. Works Order 1971 came into force control of dust problems has been transferred to H. M. Alkali Inspectorate.

(i) There were three major complaints during the year in respect of limestone quarries at Sutton, Stainton and Warmsworth. The problem at Sutton is a difficult one as the quarrying operations are carried out near to an isolated group of semi-detached dwellings. Because of their proximity blasting is not permitted, but under certain meteorological conditions, dust dissemination is almost inevitable, and the Alkali Inspector had asked for sprays to control the problem.

The emission at Stainton has been gradually improving over a number of years although it is often difficult to differentiate the emission from the crushing plant from the entrained dust which comes from the roads due to vehicular transport. The introduction of a tarmacadam plant has enabled the management to construct new roads, however, and together with the provision of a wheel wash difficulties due to entrained dust have been greatly reduced. The dust interception plant has also been overhauled and improved. Consequently when the quarry management made an application for an extension of the area to be worked the general consensus of opinion in Stainton was that a reasonable area should be released for future working.

At Warmsworth, however, the dust problem gradually intensified as the year progressed and, particularly during periods of temperature inversion, which we experienced towards the end of the year, the dust emission was more noticeable than it had been for several years. The Alkali Inspectorate quickly intervened and by the end of the year arrangements for improved interception plant were well in hand.

Once again I would like to express the department's appreciation for the excellent liaison with the officers of H. M. Alkali Inspectorate based at Sheffield.

(ii) A refractories factory at Austerfield.

This factory has given intermittent dust problems for several years mainly due to the occasional breakdown of the bag plant utilised in the pneumatic system of lifting dust to the top of the building. Plans have been formulated for two years now to replace this method, but regrettably the project was not carried out in 1972. There was a major development at this factory as a new carbon development plant was commissioned in the autumn. It is pleasing to note that this did not create any local problem and, in fact, by the end of the year no wind complaints had been received.

It is hoped, however, now that this carbon plant is running effectively increased attention will be given to the refractories section of the plant.

(iii) A complex of industries based on the coal industry at Armthorpe which includes a low temperature carbonisation plant, a landsale yard, and a slurry utilisation plant.

Last year's report related to problems associated with dust picked up by wheels of vehicles and minor problem from the low temperature carbonisation plant which produces Roomheat. The first problem has now been generally overcome although it is probably impractical to prevent coal slurry being brought out by vehicles from a complex of this kind. The resurfacing of the landsale yard has definitely produced a major improvement.

It is probably also impossible to operate a relatively large carbonisation plant within a few hundred yards of a residential area without local residents being unaware of the presence of the plant. Although emissions are not a major nuisance, there are on occasion phenolic discharges which one always associates with plants of this kind. Quite frankly, whilst the background of domestic coal smoke is present the emissions from the carbonisation plant are difficult to differentiate but possibly they will be observable to a greater extent when domestic smoke control reaches Armthorpe.

Slurry utilisation plant.

Basically this is a small electricity generating station and difficulties had been experienced at this plant during 1971; it is pleasing, therefore, to note that a tremendous improvement took place in the operation of the plant during 1972. Obviously this is a plant which requires expert maintenance and close control if emissions are to be kept to a minimum. Even allowing for optimum efficiency of the cyclone grit interception system there is bound to be a small percentage of dust emitted via the main stack, and in view of the type of industry this has normally been regarded by residents as tolerable. The rapidly rising standards which are required by the public, however, may well mean that over the years even greater investment in smoke and dust control will have to be made.

(iv) Maggot factory.

1972 appears to have been a year when most of the difficult processes in the rural area generated a new round of problems and the maggot factory was no exception. The management of the factory has always shown a keen desire to install the best means of odour interception which is obtainable at a price which the firm can afford. The difficulty in the industry, however, is that research in this particular problem has not been extensive and it would appear that many of the maggot farms in Britain are long standing businesses which are situated in areas where their remoteness minimises the odour problem which is inevitably produced at times. There has been a business on this particular site for well over 20 years although, as the public demand for the product has increased, for there are now  $3\frac{1}{2}$  million fishermen in Britain, there have been gradual extensions.

Fortunately this type of business now falls within the research at present being carried out by the Valentin Committee, set up by the Department of the Environment, and research into odour control was greatly extended in 1972. A member of the Working Party visited the maggot farm early in the year and the position at the close of the period under review was that the firm are hoping to employ Warren Spring Laboratory (which is the home of the Valentin Committee) for direct research and recommendation.

The Council served a legal notice pursuant to the general nuisances provisions of the Public Health Act 1936 in August and following this a new planning application has been made for the total re-construction of the present plant which would enable a modern factory to be constructed which should enable odour control to be more exact. A decision on the planning application was still awaited at the end of the year.

Water supplies

(a) Public.

The water supply in the district is mainly provided by the Doncaster and District Joint Water Board from deep wells situated in the Bunter Sandstone and is satisfactory in quantity and quality; details of sampling during the year were as follows:

Estimated number of dwellings served by Doncaster and District Joint Water Board in rural district area	Number of bacteriological samples taken	
	Satisfactory	Unsatisfactory
26, 984	93	-

(b) Private.

The list below shows the number of private water supplies in the rural district area. One major change which occurred during the year was in respect of the supply in the Hooton Pagnell parish which serves the hamlet of Moorhouse. The supply comprises a land spring which is piped to the dwellings in Moorhouse from a small gravity feed holding tank. In the past unsatisfactory bacteriological samples have been found and sterilisation measures have been taken to clear b. coli out of the system. This work, which was carried out in conjunction with the Doncaster and District Joint Water Board, was successful some 18 months ago but the trouble returned again during the year under review and on this occasion, although the supply was disconnected for several days, the tank cleansed, and sterilised, and the distribution system filled with chlorinated water, it was not possible to again produce samples of satisfactory bacteriological quality. The Public Health Committee of the authority, therefore, recommended the Council to attempt to provide a piped water supply to the hamlet and a scheme had been produced by the end of the year and was awaiting approval by the Department of the Environment. In the interim period a mobile tanker was moved to the site by the Water Board and temporary containers provided for the occupiers of the dwellings and it is hoped that the scheme should be satisfactorily completed in 1973.

It will be seen, therefore, that the private supplies should be reduced to a handful and even now ways and means are being sought to extend mains services to one or two of the remaining dwellings. Sampling has, however, normally shown that in the past the sources are reasonable although obviously with supplies of this type constant checks are necessary.

<u>Parish</u>	<u>Number of wells</u>	<u>Houses served</u>
Armthorpe	1	1
Barnby Dun	3	4
Braithwell	1	1
Blaxton	1	1
Hampole	1	3
Hooton Pagnell	1 (land spring)	7
Moss	2	2
Wadworth	1	1

Chemical analyses of the main sources of public supply were taken and a typical analysis of each source is shown below:

	<u>Finningley/ Rossington Bridge</u>	<u>Nutwell/ Thornham</u>	<u>Austerfield/ Highfield Lane</u>	<u>Thrybergh/ Yorkshire Derwent</u>
	<u>Milligrams per litre</u>			
Dissolved carbon dioxide (CO <sub>2</sub> )	2.1	7.2	3.9	12.4
Free and saline ammonia (N)	<0.01	0.01	<0.01	<0.01
Albuminoid ammonia (N)	0.01	0.01	<0.01	<0.01
Nitrite (N)	0.26	0.04	<0.01	<0.01
Nitrate (N)	2.2	4.7	3.6	2.9
Metals (lead, copper, zinc)	<0.01	<0.01	<0.01	<0.01
Total hardness as CaCO <sub>3</sub>	157	210	139	325
Calcium hardness (CaCO <sub>3</sub> )	99	125	78	181
Bicarbonate alkalinity (CaCO <sub>3</sub> )	126	155	104	79
Permanganate value (O)	<0.1	<0.1	<0.1	0.3
pH (units)	8.05	7.6	7.7	7.1

Samples to assess the natural fluoride content of the water were taken from public supplies in the rural district area during the year, the results being as follows:

		<u>Milligrams per litre</u>
Austerfield Pumping Station	No. 1 borehole	0.01
Austerfield Pumping Station	No. 2 borehole	<0.01
Austerfield Pumping Station	No. 3 borehole	0.08
Armthorpe Pumping Station	No. 1 borehole	<0.01
Armthorpe Pumping Station	No. 2 borehole	0.02
Armthorpe Pumping Station	No. 3 borehole	<0.01
Finningley Pumping Station	No. 1 borehole	0.01
Finningley Pumping Station	No. 2 borehole	0.02
Finningley Pumping Station	No. 3 borehole	0.08
Nutwell Pumping Station	No. 2 borehole	<0.01
Rossington Bridge Pumping Station	No. 1 borehole	0.02
Rossington Bridge Pumping Station	No. 2 borehole	0.01
Thornham Pumping Station	No. 1 borehole	<0.01
Thornham Pumping Station	No. 2 borehole	<0.01



The following table shows an estimate of the water supply position by parish in the rural district:

Parish	Piped supply			Stand- pipe
	Public	Private		
		No. of wells and springs	No. of houses connected	
Adwick-on-Dearne	60	-	-	-
Armthorpe	3543	1	1	-
Askern	1829	-	-	-
Austerfield	161	-	-	-
Awkley	934	-	-	-
Barnburgh	493	-	-	-
Barnby Dun-with-Kirk Sandall	1856	3	4	-
Bawtry	562	-	-	1
Blaxton	200	1	1	-
Braithwell	383	1	1	-
Brodsworth	920	-	-	-
Burghwallis	94	-	-	-
Cadeby	58	-	-	-
Cantley	663	-	-	-
Clayton-with-Frickley	70	-	-	-
Conisborough Parks	102	-	-	-
Denaby	105	-	-	-
Edenthorpe	1185	-	-	-
Edlington	3026	-	-	-
Fenwick	44	-	-	-
Hampole	64	1	3	-
Hickleton	44	-	-	-
Hooton Pagnell	63	1	7	-
Kirk Bramwith	58	-	-	-
Loversall	51	-	-	-
Marr	39	-	-	-
Melton (High)	98	-	-	-
Moss	71	2	2	-
Norton	1232	-	-	-
Owston	56	-	-	-
Rossington	3454	-	-	-
Sprotbrough	3559	-	-	-
Stainton	74	-	-	-
Thorpe-in-Balne	38	-	-	-
Wadworth	377	1	1	-
Warmsworth	1350	-	-	-
Total	26916	11	20	1

### Public Swimming Baths

The Council now operate three indoor pools at Askern, Rossington and at Edlington (the latter in conjunction with the West Riding County Council Education Department). Plans are proceeding for the construction of a fourth pool at Armthorpe and this could be opened towards the autumn of 1973. The numbers of samples taken from the pools during the year were as follows:

<u>Pool</u>	<u>No. of samples taken</u>
Rossington	30
Askern	37
Edlington	50

All were reported upon satisfactorily.

Additionally, there is a private swimming pool at Wadworth which is open during the summer season. This is an outdoor pool and is particularly busy during hot weather, which means that the bacteriological control system is well tested at these times.

15 samples were taken during the year and the first of these showed that increased chlorination was required, the succeeding 14 samples being reported upon satisfactorily.

### Section 47, Conversions

No grants were given by the Council during 1972 in accordance with Section 47 of the Public Health Act 1936.



The sanitary accommodation state at the end of the year is shown in the table below:

Parish	Inhabited houses	Dwellings served by			Cess-pools	Bulk contain-ers	Dust-bins	Paper sacks
		Water closets	Pail closets	Privies				
Adwick-on-Dearne	60	60	-	-	-	-	62	-
Armthorpe	3544	3544	-	-	26	43	2038	2009
Askern	1829	1826	3	-	8	21	1786	-
Austerfield	161	161	-	-	5	-	150	14
Awkley	934	931	3	-	36	95	850	60
Barnburgh	493	493	-	-	11	-	493	-
Barnby Dun-w-Kirk Sandall	1860	1860	-	-	8	82	20	1774
Bawtry	563	563	-	-	14	43	563	-
Blaxton	201	201	-	-	14	-	179	12
Braithwell	384	384	-	-	52	-	372	-
Brodsworth	920	920	-	-	84	-	920	-
Burghwallis	94	94	-	-	15	2	94	-
Cadeby	58	57	1	-	16	-	58	-
Cantley	663	661	2	-	23	1	600	-
Clayton-with-Frickley	70	70	-	-	8	-	70	-
Conisborough Parks	102	101	1	-	14	-	102	-
Denaby	105	105	-	-	4	-	105	-
Edenthorpe	1185	1184	1	-	6	15	964	250
Edlington	3026	3026	-	-	33	31	14	3034
Fenwick	44	40	4	-	33	-	45	-
Hampole	67	63	4	-	34	-	70	-
Hickleton	44	44	-	-	1	8	44	-
Hooton Pagnell	70	62	8	-	12	-	70	-
Kirk Bramwith	58	50	7	1	35	-	58	-
Loversall	51	51	-	-	8	-	51	-
Marr	39	39	-	-	13	-	40	-
Melton (High)	98	98	-	-	2	18	100	-
Moss	73	50	23	-	56	-	73	-
Norton	1232	1228	4	-	17	-	1181	-
Owston	56	53	3	-	18	3	53	-
Rossington	3454	3452	2	-	28	35	-	3640
Sprotbrough	3559	3557	2	-	23	52	1897	1650
Stainton	74	71	3	-	23	-	74	-
Thorpe-in-Balne	38	28	8	2	27	-	42	-
Wadworth	378	376	2	-	13	3	368	-
Warmsworth	1350	1350	-	-	10	11	1350	-
Total	26937	26853	81	3	730	463	18596	12443

## FOOD AND DRUGS ACT 1955

There are now four private slaughterhouses remaining in the rural district area, situate at Bawtry, Barnby Dun, Wadworth and Kirk Bramwith. Generally speaking the premises are in a reasonable state of construction and well maintained.

As permitted by the Meat Inspection Regulations, the Council make charges for meat inspection services, as set out below, although under conditions obtaining in a rural district these are only token payments.

Horse or cow	18p
Calf or pig	5p
Sheep, lamb or goat	4p

Arrangements have been made at all slaughterhouses to comply with the Meat (Sterilisation) Regulations 1969.

Once again no confirmed case of bovine tuberculosis arose.

During the year 4 tons of meat were condemned.

The following table shows the number of animals killed and inspections made during the year:

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
No. killed	780	31	3	1114	525
No. inspected	780	31	3	1114	525
<u>All diseases except tuberculosis and cysticerci</u>					
Whole carcase condemned	7	13	-	-	-
Carcase of which some part or organ was condemned	44	1	1	1	2
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	6.5	45.1	33.3	0.09	0.38
<u>Tuberculosis only</u>					
Whole carcase condemned	-	-	-	-	-
Carcases of which some part or organ was condemned	-	-	-	-	-
Percentage of the number infected with tuberculosis	-	-	-	-	-
<u>Cysticercosis</u>					
Carcases of which some part or organ was condemned	1	1	-	-	-
Carcases submitted to treatment by refrigeration	2	1	-	-	-
Generalised and totally condemned	-	-	-	-	-

## FOOD HYGIENE REGULATIONS 1960

Groups of premises covered by the above Regulations are:

Catering establishments	206
Bakehouses	7
Other food shops	310

9 of these are registered in accordance with Section 16 of the principal Act for the manufacture, storage and sale of sausages, potted or preserved foods (including fried fish premises).

No certificates of exemption have been issued by the Council in connection with the requirements of Regulation 16 in the Food Hygiene (General) Regulations 1960 relating to the provision of wash basins.

It is regretted that during 1972 the normal sampling programme of alginate swabbing was greatly curtailed. This was partially due to staff shortages but also due to extreme pressure upon the Public Health Laboratory Service. Altogether, only 10 swabs of food equipment were taken from food premises, eight being reported upon satisfactorily on the basis of a count less than 100 colonies per swab being classified "good".

Hindsight is always valuable and it is obvious that insufficient attention is being given to this section of environmental control. Unfortunately, as has been mentioned previously, staff shortages prevailed throughout the year, but the Environmental Working Party, in its initial reports to the new Joint Consultative Committee of the proposed Metropolitan authority, has stressed the importance of improving food hygiene control in the new local authority organisation.

### FOOD INSPECTION

#### (OTHER THAN MEAT INSPECTION IN SLAUGHTERHOUSES)

National discussions regarding date coding of perishable foodstuffs were held throughout 1972 although at the end of the year there was no statutory legislation in connection with this matter. Several manufacturers are, however, beginning to date code their products and it is considered that ultimately this will be a standard practice. As mentioned previously in these reports, however, this is only part of the problem and will not absolve retailers from their responsibilities in connection with correct storage and turnover of perishable foods within the shop. Simultaneously the housewife must take care in the correct storage and preservation of food in the home. The increasing incidence of domestic deep-freeze installations may well bring new problems in the years to come, unless manufacturers' recommendations and an accepted code of practice is followed.

During the year the following complaints were investigated in detail:

- Rancid half chicken.
- Tin tack in meat pasty.
- Mouldy processed cheese slices.
- Beast hair and hide in steak and kidney pie.
- Mouldy cream horns.
- Mouldy fresh cream dessert.
- Mouldy bread cakes.
- Hair grip in block of lard.

The Council have decided to take legal action (in respect of the meat pasty) and this case was awaiting court hearing at the end of the year. The remainder of the cases were investigated and appropriate action taken.

The following bacteriological samples of manufactured foods of meat and milk origin were submitted during the year:

<u>Samples</u>		<u>Results</u>	
		<u>Satisfactory</u>	<u>Unsatisfactory</u>
Meat foods	8	8	-
Milk	1	1	-
Poultry	<u>1</u>	<u>1</u>	<u>-</u>
	<u>10</u>	<u>10</u>	<u>-</u>

### MILK

There are no producer/retailers of raw milk in the area and all milk sold is consequently heat treated. No raw milk samples were taken from dairy farms for the detection of brucella abortus organisms.

### ICE-CREAM (HEAT TREATMENT) REGULATIONS 1959

Although there are two licences in force in the rural district for the manufacture of ice-cream the product has not been prepared in these premises for a considerable time. There are additionally 152 premises in the district registered for the storage and sale of ice-cream in accordance with Section 16 of the Food and Drugs Act 1955 but these premises deal only in pre-wrapped ice-cream and no problems were encountered during the year under review. Four samples were submitted for bacteriological examination, one of them being reported Grade I, one Grade II, and two Grade III.

### MOVEABLE DWELLINGS

The trend of reduction in the number of licensed sites still continued and at the end of the year there were only 15 private sites operating in the rural area and only four of these had a planning approval for occupation by more than one caravan. Most of the sites, therefore, have arisen because of special circumstances and are for short term occupation only.

The Council still own three residential sites but continued to run down one of their two sites at Armthorpe and the site at Edlington, and within the next year or so this process should be completed.

In spite of the escalation in house prices the interest in permanent caravan occupation is not very high.

Itinerant caravans, however, still create problems from time to time in the area and little positive action appears to have accrued from the meetings of County district councils, the County Borough, and the West Riding County Council. At the last meeting of the authorities concerned it was suggested that if the site already earmarked in the Doncaster County Borough area (adjacent to Armthorpe) could be constructed, then a site of similar size (15 caravans) somewhere north of the Don, together with a site at Thorne for the colony of itinerants which has lived in that area for a number of years, could well satisfy the needs of the new Metropolitan district area and thus enable a closer control to be maintained over the many unauthorised sites which spring up during each year. Unfortunately at the end of the year, there was little evidence that the sites would be ready before the inception of the new authority. The site near Armthorpe had not been commenced and no satisfactory site had been produced either north of the Don or in the Thorne area. If the area is to be designated under the 1968 Caravan Act then these apparently insoluble problems will have to be solved but to date the proposal of any site for consideration means an immediate storm of protest from the parish concerned.

In the meantime little can be done to control the periodic movements of itinerants throughout the area; Parliament has decreed that sites should be prepared for them and yet, to date, the general public or the planning authority has not agreed to accept them.

#### HOUSING ACTS 1957-1969

##### (a) Slum Clearance.

During the year under review six houses were represented as being unfit under the individual unfit provisions of the Housing Acts and the future of a further four, deferred from the previous year, was also considered. Four demolition orders or closing orders were made, and one undertaking to render fit was accepted. In the remaining five cases the future of the dwellings concerned was still under consideration at the end of the year.

##### (b) Housing Improvement.

This is an "intermediate area" from an industrial viewpoint and therefore with effect from June 1971 the maximum ceiling for improvement grants has been £1,500. If we look at the figures since 1969 the overall impact of this upon the department's housing programme can be seen more accurately:

<u>Year</u>	<u>No. of approvals granted</u>	
	<u>Improvement</u>	<u>Standard</u>
1969	16	51
1970	96	117
1971	169	94
1972	875	25



The year opened relatively quietly with only 18 applications approved in January, but during June 131 approvals were given and in July 107. The total cost of improvement grants paid during the year was £241,444.00 (in respect of 340 completions). There is little doubt that the housing standards in many parts of the district have improved, but it is felt that the major benefits have been brought to owner/occupied properties and that, even now, the system does not bring the hoped for improvement of rented dwellings. It is not uncommon that the improvement of even a moderate type of dwelling costs £3,000, and even with the help of a major grant of this kind few owners are willing to expend the balance of the required money to bring a rent increase of around £1.50. There is, however, a noticeable trend towards house acquisition and I understand that the national average is now well over 50%.

It is unfortunate, however, that improvements are being carried out "against the clock". The increase in the grant ratio from 50% to 75% of approved work was due to cease in June 1973 but has been extended for a further year. This meant that many people have rushed through schemes to take advantage of the new ceiling and the total weight of improvement work has been too great for the original building trades pool. The tendency, therefore, is that many firms have taken too much work or, in some isolated cases, firms which were not equipped to carry out major improvements have entered the rapidly expanding market. Certainly there has been quite a high proportion of complaints from some house owners regarding difficulty in obtaining tenders, or even when the contractor has been engaged, in keeping him on the site and completing the work within a reasonable period, and in a satisfactory manner. This is not meant to be an all-round criticism of building firms of this type. There have been many excellent schemes of improvement carried out but, in a time of national shortage in any commodity or service there will always be a minor proportion of an industry who will not reach the required standards, and national building organisations have warned the general public to take great care in the selection of their contractor.

There was one outstanding example of local authority co-operation during the year and that was the rationalisation of standards of work which could be approved under the improvement grant scheme. One of the local government re-organisation committees dealing with the private housing sector reached agreement along these lines with obvious benefits to rate-payers throughout the new Metropolitan district.

#### (c) Qualification certificates.

Applications for qualification certificates continued to be made to the department in large numbers and at the end of the year the position was as follows:

No. of applications for qualification certificate	422
No. granted	130
No. deferred temporarily	125
No. yet to be visited	283
No. not valid	10

Each dwelling is still visited by an inspector from the department and every effort made to acquaint both the owner and tenant with the full implication of the new legislation.



(d) Housing - general.

As mentioned above, the high proportion of work which is spent on improvement of properties brings advantage in the main to owner/occupied dwellings and this has made little impact on the large areas of tenanted property in the mining villages. The majority of this type of property is, however, owned either by the local authority or the National Coal Board and both authorities have had improvement schemes operating for some time. Basically, therefore, parishes like Armthorpe and Rossington have reasonable housing conditions and the record of the private estate owner in Askern has also been good, as a good deal of improvement work has been carried out there ever since the Council started their first improvement areas under the 1964 Act.

It is Edlington, therefore, where the major housing problem still obtains and the older, terraced section of dwellings around 50 years old has changed but little over the years. Two particular sites were taken in a sample activity and of the 163 dwellings 86 were found to be owner/occupied. Many of these have been improved by the present owner/tenants. Very few of the rented properties included in the survey had been improved, largely because of tenant opposition to increased rents, but the major difficulty in this area was the high proportion of empty dwellings which were fast becoming derelict. At the time of the survey 21 were unoccupied and rapidly becoming unfit.

The Council were, therefore, faced with two very widely differing housing standards in one street (a) owner/occupied dwellings improved to modern standards and (b) unimproved dwellings rapidly becoming derelict. The high proportion of owner occupiers meant that compulsory purchase and clearance was widely opposed and would, indeed, be wasteful of reasonable property. It was imperative, however, that urgent action should be taken to deal with the empty dwellings and the Council, therefore, had several meetings with the owners regarding their future. Additionally a tenants' meeting in the area towards the end of the year gave the Council overwhelming support to maintain the identity of the district. Even in the tenanted dwellings the occupiers expressed a keen desire to remain in the area and to have their dwellings improved.

Possibly the most urgent housing problem to be solved in the rural district is to find an effective method of dealing with this overall problem early in 1973.

At the end of the year the estate owners were looking into the economics of improvement of the empty dwellings and permutating the possible options open to them. The Council were awaiting the final decision on the part of the owners before deciding their next step.

NOISE ABATEMENT ACT 1960

The types of complaints investigated under this heading followed the local pattern of recent years.

These can be classified roughly as follows:

Vehicle noise	1
Machinery and vehicle repairs	6
Blasting (vibration)	3
Clubs, sports arenas	6
	<u>16</u>

The vehicle repair complaints were mainly at private dwellings, and were dealt with by the Planning Department. The complaints in respect of "machinery" related to the unsatisfactory siting of a compressor at a supermarket and this was satisfactorily baffled.

The vibration complaints are difficult to identify. Blasting in quarries can produce sudden noise and air blast which, if unexpected, can produce sudden surprise and alarm. Vibrograph readings, however, denote very little movement, and structural damage to a building has yet to be identified. Initially, it is felt, the firms concerned do not pay sufficient regard to the public relations aspect, and this is difficult to remedy, once public alarm is produced. The problem in respect of clubs is the hardy annual difficulty of opening of windows in hot weather when music and bingo activity is then shared with local residents, and is frequently not welcomed. As mentioned previously this spells out the importance of adequate mechanical ventilation being installed in premises of this kind.

## CLEAN AIR ACTS 1956 AND 1969

### Domestic Control

The first smoke control order covering nearly 1,000 properties in Sprotbrough parish came into force on 1st October 1972. The installation programme had been interrupted by the gas strike but almost the whole of the conversions had been completed by the operative date. No objections have been received in respect of the second order, which will come into force on 1st November 1973, and plans for a third order to be effective from the 1st November 1974 were well advanced. As mentioned in last year's report the Sprotbrough area links up with the proposed schemes which will cover the present Bentley-with-Arksey Urban District Council area and the adjoining County Borough area.

Additionally, however, the Council were considering the inclusion of Rossington parish in the smoke control programme commencing with the first area towards the end of 1974 and were awaiting approval from the Minister when this report was written. If approved, this will be the first coal-mining parish in the rural district which has been dealt with. The Council's future programme, if the Rossington parish is incorporated in the scheme, is as follows:

<u>Year</u>	<u>Area</u>	<u>Total number of dwellings</u>
1973	Sprotbrough Wards 1 and 5	1488
1974	(Sprotbrough Wards 2 and 3	1192
	(Rossington No. 1	1100
1975	) Warmsworth	1289
	) Rossington No. 2	1100
1976	( Brodsworth (part)	789
	( Rossington No. 3	1200
1977	Brodsworth (part)	181

## Industrial Control

As in many other areas the recent public escalation of interest in environmental matters has highlighted air pollution problems which may be produced by specific industries. The Doncaster rural district area includes many industries which are registered by the Alkali Inspectorate and it is only rarely that a week passes without a liaison visit from the District Officer at Sheffield. A review of the present position in respect of the processes concerned is as follows:

### (a) Doloma processing, Cadeby.

The problem at this plant is the efflux gases from the cupolas which affect both the rural district council area and Conisborough Urban District Council. A special meeting was held in the autumn of 1971 between the Councils and the management of the firm concerned. It is appreciated that the problem is intractable and it is also subject to the changing circumstances of the steel industry which is undergoing considerable modernisation with the introduction of new techniques and the development of new plants. There has been a gradual run down in the number of cupolas producing doloma and the 1971 meeting, therefore, deferred further consideration until the future plans of the industry were clearer. This is likely to be established in 1973 and, following further correspondence in 1972, a meeting of the parties concerned was scheduled for early in that year.

### (b) Low temperature carbonisation plant, Askern.

As previous reports have detailed this plant suffers from its situation in regard to the colliery village which surrounds it. It was built some 40 years ago on a hill on the western side of the village and the design of the plant, and its sporadic development since, have resulted in a layout which embraces several small chimneys. Considerable improvement has been effected over the past ten years, but the plant is built on the fringe of a congested residential area and under appropriate meteorological conditions the families residing nearby are keenly aware of the plant's operation. Improvements are envisaged but it is anticipated that much will depend upon the extensive research which is now being carried out at the firm's most recent plant at Rossington.

### (c) Low temperature carbonisation plant, Rossington.

1972 was the first full year's operation of this plant although at no time were more than 15 of the 20 batteries in full production. Residents in the area will remember the many local objections to the construction of the plant, which resulted in a public enquiry lasting almost a month before planning approval was finally given by the Department of the Environment. The major complaint, throughout the year, has been the emission of the characteristic phenolic odour which can, under appropriate meteorological conditions, travel for distances up to three miles. The strong local objections resulted in a visit by the then Junior Minister of the Department of the Environment, Mr. Eldon Griffiths, in July 1972.

One of the major results of this visit was the formation of the Rossington Coalite Liaison Committee which has the following constitution:

Deputy Chief Alkali Inspector (Chairman).

District Alkali Inspector.

The Members of Parliament representing the areas of Doncaster County Borough and Doncaster Rural District Council.

Two councillors from each of the same authorities.

One representative of the local Parish Council.

The two Chief Public Health Inspectors of the affected local authorities.

Two private members (one a housewife).

A representative of the local branch of the National Union of Mineworkers.

The editor of the local press (in a private capacity).

Members of the Coalite management.

It should be appreciated that the body was a non-statutory Committee and its major task was to discuss problems which arose, investigate complaints, to ask questions about specific operations, and to make any informal recommendations which appeared to be appropriate. Meetings are held either at Nether Hall or at the Coalite Plant. By the end of the year three meetings had been held and many views had been exchanged. Detailed minutes are submitted, after confirmation at the following meeting, to the local libraries and a press statement is made immediately after each Committee meeting. It would not appear, however, judging by progress at the end of the year, that any early solution to the odour problem is likely.

#### Air pollution records

1972 was the first full year of operation of the new Doncaster District Air Pollution Survey which was referred to in last year's report. Doncaster County Borough and Doncaster Rural District Council have pooled their air pollution equipment resources to make a special study of air conditions in the south-eastern part of the area and have been fortunate in obtaining the services of the Air Pollution Research Unit at Sheffield University as consultants. In all there are some 19 volumetric units recording smoke and sulphur dioxide on a 24-hour average basis. Professor Alice Garnett, to whom both authorities are indebted, submitted her first report on this project, covering the winter of 1971/2, during the year under review and although no accurate findings can be deduced from a single winter's readings, especially when that winter was one of the mildest on record, air conditions did not appear to be as bad as most people anticipated.

It was obvious, however, that if a survey of this kind had to draw definite conclusions and a full assessment, with meteorological interpretation, was to be made then more accurate recordings would be of tremendous value and I am pleased to report that, by the end of the year, the first fruit of the new local government re-organisation could be seen. The eight authorities who are to comprise the new Doncaster metropolitan area accepted a report submitted by the Environmental Health Working Party to the Joint Consultative Committee to allocate around £25,000 to augment the existing survey by the introduction of six sequential samplers of smoke and sulphur dioxide, giving hourly readings. The authorities are again using the Air Pollution Research Unit of Sheffield University on a consultancy basis and will make



an annual grant to the University for the department's services. It is hoped that the first recordings will commence in the autumn of 1973 and should be of great value in promoting air pollution control and future planning and land allocation.

The Council now operate ten sulphur dioxide and smoke instruments giving daily averages and in a report of this type it is difficult to give a précis of the results. Details of the winter readings for 1971/2 are given on the following pages for the ten sites in the rural area.

It is interesting to note that the World Health Organisation has now laid down a target for a long term goal in air pollution recordings. This indicates that 98% of observations should show figures of less than 200 microgrammes of sulphur dioxide per cubic metre when suspended particulates were above 120 microgrammes per cubic metre.

This standard has been applied to the whole year's readings in the rural district area from the ten sited stations. These are set out as listed below showing the number of days on which the air standards did not reach the World Health Organisation long term goal and also as a percentage of total readings.

<u>Site No.</u>	<u>Station</u>	<u>No. of days where readings were in excess of W. H. O. standards</u>	<u>Total No. of readings</u>	<u>Percentage unsatisfactory</u>
1.	Askern.	5	322	1.55
2.	Barnby Dun.	1	324	0.308
3.	Sprotbrough Clinic.	10	344	2.9
4.	Rossington British Legion.	12	319	3.7
5.	Rossington Bankwood.	5	329	1.5
6.	Rossington New Lane.	4	321	1.2
7.	Wadworth.	-	338	-
8.	Branton.	1	337	-
9.	Armthorpe.	1	284	0.3
10.	Kirk Sandall.	-	339	-

It will be seen, therefore, that already during the particular year under review conditions at eight sites satisfied the World Health Organisation long term goal, but it is significant that all the unsatisfactory readings appeared in January, February, March, November and December so that obviously there is scope for improvement during the winter period when pollution figures are naturally higher and meteorological conditions often do not favour pollution clearance.

The sites where figures slightly exceeded the World Health Organisation recommendations are the areas where the Council have decided to proceed first with smoke control programmes.

TABLE I

STATIONS		1		2		3		5		6		7	
NO.	SITE	MONTHLY MEANS											
		October		November		December		January		February		March	
		Smoke	SO <sub>2</sub>	Smoke	SO <sub>2</sub>	Smoke	SO <sub>2</sub>	Smoke	SO <sub>2</sub>	Smoke	SO <sub>2</sub>	Smoke	SO <sub>2</sub>
1.	Askern	75	123	92	200	127	213	69	96	81	111	76	171
2.	Barnby Dun	69	73	107	128	119	147	78	85	92	97	82	89
3.	Sprotbrough Clinic	94	107	132	112	151	144	115	127	170	162	94	106
4.	Rossington British Legion	114	83	130	115	207	153	146	106	172	133	110	110
5.	Rossington Bankwood	76	71	97	111	145	123	80	83	126	114	72	86
6.	Rossington New Lane	71	62	94	96	146	122	96	75	107	115	52	82
7.	Wadworth	66	66	84	97	93	99	63	83	61	70	89	84
8.	Branton	61	52	95	104	100	108	78	73	74	80	56	79
9.	Armthorpe	N.R.	N.R.	85	112	84	111	48	63	52	68	55	64
10.	Kirk Sandall	59	72	81	104	93	127	57	71	66	71	66	74

NOTE: All data in microgrammes per cubic metre

TABLE I (Cont'd)

STATIONS		7		8		9				10		11		12	
		Seasonal		Total		Daily Extremes		Smoke	SO <sub>2</sub>	Smoke	SO <sub>2</sub>	Smoke	SO <sub>2</sub>	Smoke	SO <sub>2</sub>
		1971/72	Mean	> 250	> 500	High	Low								
NO.	SITE	Winter Smoke	SO <sub>2</sub>	Smoke	SO <sub>2</sub>										
1.	Askern	87	152	9	5	527	15	807	38			64	342	282	212
2.	Barnby Dun	91	103	8		471	22	360	42	471	360	35	92	308	243
3.	Sprotbrough Clinic	126	126	12		465	20	336	32	558	420	64	58	465	274
4.	Rossington British Legion	147	117	22		566	11	314	12	355	223	63	71	566	255
5.	Rossington Bankwood	99	98	11		434	10	325	11	340	191	31	63	434	168
6.	Rossington New Lane	94	125	9		471	6	267	28	289	161	35	57	319	149
7.	Wadworth	76	83	2		263	11	315	25	263	128	42	74	377	182
8.	Branton	77	83	4		371	10	244	12	371	223	63	64	355	218
9.	Armthorpe	65	84	4		392	7	248	7	392	248	58	110	343	194
10.	Kirk Sandall	70	87	6		377	7	270	19	292	250	37	105	312	233

NOTE: All Data columns 9-12 in Microgrammes per cubic metre  
Column 8 - Total No. of Days

250 Microgrammes per cubic metre - for Smoke  
500 do. - for SO<sub>2</sub>



## PREVENTION OF DAMAGE BY PESTS ACT 1949

The annual tabulation supplied to the Ministry was as follows:

	<u>Type of property</u>	
	<u>Non- agricultural</u>	<u>Agricultural</u>
<u>Properties other than sewers</u>		
1. Number of properties in district	28,729	679
2. (a) Total number of properties (including nearby premises) inspected following notification	883	32
(b) Number infested by (i) Rats	630	32
(ii) Mice	99	-
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	24	297
(b) Number infested by (i) Rats	10	297
(ii) Mice	14	-
<u>Sewers</u>		
4. Were any sewers infested by rats during the year?	No.	"

1972 heralded a change in the Council's policy towards rodent control as they afforded a free service to all ratepayers and not only to domestic occupiers as in previous years. From September, therefore, it was only necessary for any occupier of premises in the area to notify the authority of infestation and a free control service was given. The Council's policy was to kill rats and mice wherever they occurred in the district. The major responsibility, therefore, now for occupiers of premises in the area is to deny rodents food and shelter and to notify the Council whenever rodents are observed on the property. To assist in this scheme the Council have now placed a new totally self-contained rodent control vehicle into service and now employ three operatives, each with separate transport facilities. It is hoped that these measures will begin to show early results and that farmers, particularly, with an industry which holds special attraction for rodents, will assist the authority in their attempted control measures.

## REMOVAL OF ABANDONED VEHICLES CIVIC AMENITIES ACT 1967

The list overleaf shows the numbers of abandoned vehicles which were dealt with during the year and it is interesting to note that after several years of decline there was an increase in both the number of abandoned vehicles and those dealt with voluntarily. The latter figure is particularly encouraging.

<u>Year</u>	<u>Abandoned vehicles dealt with</u>	<u>Vehicles voluntarily surrendered</u>
1966	85	6
1967	114	13
1968	151	16
1969	86	21
1970	63	21
1971	41	15
1972	68	28

Last year's report dealt with the difficulty of obtaining information from some vehicle taxation offices, particularly in the south, and the position did not improve during the year.

### PUBLIC CLEANSING

The general cleansing task in the rural area is as follows:

	<u>Number</u>		<u>Services</u>
	<u>1971</u>	<u>1972</u>	
Dustbins	18,686	15,006	Weekly.
Paper sacks	8,505	12,185	Weekly.
Pail closets	126	82	Weekly.
Privies	3)	3)	4/6 weeks approximately,
Cesspools	722)	730)	but variable according to circumstances.
Bulk containers:	451		Weekly.
1 1/4 cu. yd.		463	
10 cu. yd. skips		23	

It will be observed that the paper sack system of refuse storage continued to expand and determined improvement efforts resulted in a large reduction in the number of pails and privies in the area.

A new system of bulk container storage was introduced and proved to be very successful. A special skip lifting vehicle was acquired by the Council and was immediately taken into full-time operation and will no doubt be augmented in the near future. Most of its use is in connection with Civic Amenities sites but, strange as it may seem, this service was too successful during the year and the sites were overloaded with refuse. Judging by the variety and volume of dumped refuse in the area of the skips it is obvious that the implementation of this scheme requires a detailed survey. Regrettably a good deal of the refuse is trade refuse for which the skips were never designed. They were basically intended for bulky items of household furniture and garden refuse but the weight of building materials, empty bins, and general trade and industrial waste completely swamped the service in some areas. This is obviously a matter which will have to be an early subject for consideration when the re-organisational plans are drawn up in respect of refuse disposal.

The figure of 730 cesspools may appear to be high but few of these can be connected to main drainage schemes as they are scattered around the perimeter of the district, remote from main drainage schemes.

## DOMESTIC REFUSE COLLECTION

The fleet strength at the end of the year was as follows:

Two Pakamatic bulk loaders with bulk container hoist	35 cu. yd.
Two Pakamatic bulk loaders with bulk container hoist	40 cu. yd.
Two fore and aft tippers	25 cu. yd.
Two fore and aft tippers with bulk container hoist	35 cu. yd.
Two Musketeers continuous loading	19/60
Two Musketeers continuous loading	16/50
One Musketeer continuous loading	22/70
Karrier Sheppard Meiller unit	Skip units
Karrier tipper lorry	4 tons

There are 10 major collection rounds in the rural district and the vehicles shown above include reserves which are utilised for maintenance replacement. There is also one vehicle which is utilised entirely on the collection of the  $1\frac{1}{4}$  cu. yd. bulk containers, and the Sheppard Meiller vehicle which empties 10.cu. yd. containers as mentioned earlier in this report. Additionally, the Council carry out a collection service in respect of bulky items from domestic premises throughout the rural district on a request basis, free of charge, and frequently this service has to be augmented by the spare vehicle when manpower permits. It is still regrettable, therefore, that dumping continues throughout the rural area and during the year the Council took successful prosecutions in some dozen cases.

It is hoped that when the new authority comes into being there will be a greater sense of civic pride and it will also be possible to make better arrangements for the setting up of refuse disposal points which can be accurately controlled.

## VEHICLE MAINTENANCE

1972 saw the planned maintenance system in force in its first full year and all the Council's vehicles should have satisfactorily passed the M.O.T. test by the target date of September 1973. The new depot facilities, stores, maintenance section, and office block were completed early in the year and the only remaining major improvement is the modernised amenity block and this will be no doubt carried out as soon as finances permit.

## REFUSE DISPOSAL

The Council continued to utilise three tips for the disposal of waste material. These are sited at Skelbrooke, Edlington, and Armthorpe.

Work continued throughout the year in co-operation with Messrs. Balfours, a firm of consultants, who have been engaged to produce a feasibility report for the disposal of refuse and sewage sludge in the new Doncaster metropolitan area. It is appreciated that in future years this will be a responsibility of the County Council but much of the preliminary work had been effected before this national decision was taken and it was felt that a report of this kind would be of great value in the future plans of any authority. It is anticipated that the report will be available early in 1973.

The new Disposal of Poisonous Wastes Act came into force during the year and although there are no very toxic wastes produced in the Doncaster area this authority do have requests from a number of industrialists, both in and out of the rural area, to dispose of wastes covered by the new legislation. Discussions were, therefore, held with the local river boards regarding the safe disposal of these notifiable wastes and in most cases satisfactory arrangements were made for land disposal.

It is obvious, however, that both public and professional attitudes towards land disposal will gradually change over the next ten years. Although solid waste disposal by means of controlled tipping has been very effective in this area it is doubtful whether there is any great length of life left in this method of disposal. In several of the authorities there are no sites left for disposal along these lines and in the rural district one of the major sites lies on the Bunter Sandstone, and even though it is some distance from the pumping station of the local water board problems of possible fissures cannot be overlooked and the safety of the public water supply is paramount. On the remaining two sites the aquifer is of the lower magnesian limestone and although this is not considered to be an economic water bearing strata today it would appear that future trends may mean that in, say, ten years time it could be required. There is little doubt, therefore, that some other form of refuse disposal will be required before the end of this decade and in view of the length of time which provision of this kind normally takes, an early decision may have to be made. The problem will obviously be high on the new authority's list of environmental matters requiring consideration and policy decision.

### SALVAGE

Previous reports have remarked on the difficulties of collecting salvage in the rural area due to the distance and scattered nature of the available salvage supplies. The service is, therefore, run largely as a help to shopkeepers on a break-even basis and during the year under review some 200 metric tonnes have been recovered for disposal to the board mills. Here again this is an overall problem which will have to be linked with the requirements of other authorities in the new local government re-organisation scheme.

## CESSPOOL EMPTYING

The fleet in operation during 1971 was still in operation at the end of 1972 and details are set out below:

<u>Year first registered</u>	<u>Reg. No.</u>	<u>Capacity</u>
1961	5746 WY	1, 100 gallons
1962	370 CWR	1, 500 gallons
1964	BWR 107B	1, 500 gallons
1967	OWX 686E	1, 500 gallons

The number of cesspools showed a slight increase from 722 to 730 and during the year 9, 843, 491 gallons of sewage were removed from cesspools in the rural district area and some 58, 320 miles were travelled by the fleet in collection and disposal work.

All sewage is disposed of through sewage disposal works in the area.

## STAFF

The department fell below strength in its technical establishment during the year under review when, following the retirement of a public health inspector, the Council was not able to recruit a qualified replacement. As a back-up service, however, to the qualified staff, the establishment of technical assistants was increased and in my view this has been an outstanding success.

It would be invidious to pick out any particular group of staff, however, for their efforts during the year; all worked well and conscientiously and the major re-organisation which faces local government should find them well equipped for the future part they should have to play.

I would also like to express my thanks to Dr. Stalker for his help and advice throughout the year and to the Public Health Committee for their keen environmental approach and encouragement to the health department.

I am, Mr. Chairman, Ladies and Gentlemen,  
Your obedient Servant,

R. DURANT  
Chief Public Health Inspector

June 1973

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